

of not using instruments, say the vectis, in proper time. Vide Baudelocque, Denman, Hamilton, Gaynor, and my worthy and much respected friend Dr. James Blundell.

I should be sorry to publish the faults of others who from ignorance, and condemn in others what they are guilty of themselves, I wish to impress this deeply on the minds of *young practitioners*. A case reported 1788 to Royal Academy of Surgery, a most alarming example of ignorance of certain surgeons, in midwifery, they tried every instrument but the right one, they first crushed the head in the pelvis, the woman seemed without resource, the author of the observations, as unskilful as those that preceded him, performed the Cesarean operation, and not being able to bring back the head from the bottom of the pelvis, adds he cleared the neck of uterus, then recourse to the section of pubes to extract it the natural way, then failed, what remains to be done. He divided the child's neck in the uterus by the opening made by Cesarean operation and extracted the body through it, and the head afterwards by the natural passage. The poor woman lived long enough to go through the various operations of simple impacted head or locked in the pelvis of these wonderful surgeons which the vectis would have at once done or accomplished, upon a section of the pelvis they found the small diameter of the superior strait but two inches and half, the oblique three and half, and the transverse three inches and two lines, there is a case "similar described in 1729 of locked head."

OPERATION FOR STRANGULATED HERNIA.

To the Editor of THE LANCET.

SIR:—As I am an advocate for the adoption of Mr. Aston Key's practice, of not dividing the sac in cases of strangulated hernia, and having forwarded to you a case some time ago, in which it proved successful, I trust you will allow me briefly to record the three following cases, in which I attempted it, though unsuccessfully, in all of which I was compelled to lay open the sac, in order to effect the reduction of the hernia. I am, Sir, yours truly,

W. HOWITT, M.R.C.S.,
Senior Surgeon to the Preston Dispensary.

CASE 1.—William Sisson, æt. 50, was admitted a patient of the dispensary on the 25th of October last, labouring under all the symptoms of strangulated inguinal hernia; and, upon examination, there appears a tumour in each groin. He states the one on the left side has existed for the period of two years, and the other about half that

time. He has never worn a truss, in fact, has suffered very little inconvenience from either. On the 21st, however, during a fit of coughing, the one on the left side suddenly increased, and became excessively painful, and was soon followed by sickness, hiccough, constipation, &c., all which symptoms have become aggravated up to the present time; the pain in the tumour, extending upwards into the umbilical region, being very severe, the part being tender to the touch. After several ineffectual attempts at reduction, by myself and colleagues, Drs. Alexander and Stavert, we deemed it expedient to proceed with the operation without any further delay, which I commenced in the usual manner; and upon exposing the sac, and separating it entirely from its adhesions to surrounding structures, I attempted its reduction, which, however, I found it quite impossible to effect, though the tumour could be moved freely in all directions, and appeared perfectly free at its neck. I then opened the sac, and completed the operation in the usual way; and all the distressing symptoms speedily disappeared, excepting the hiccough, which continued for a period of ten days, the bowels acting freely two or three times a-day from the time of the operation. The hiccough was ultimately subdued by the administration of large doses of acetate of morphia, after the usual antispasmodics had been exhausted. On November the 30th he was discharged cured.

CASE 2.—Martin Waterhouse, æt. 65, was admitted on the morning of the 30th of the same month, with all the aggravated symptoms of strangulated hernia, attended, also, with vomiting of an exceedingly offensive, dark, bilious matter. Upon inquiry, it appears that the tumour made its escape out of the abdomen during a fit of vomiting, which took place on the previous evening, from disordered stomach; he also states that he was operated upon thirty-five years ago* (which an extensive cicatrix clearly indicates), and has worn a truss from that time, though the hernia had never protruded for twenty years past. On examination it proves to be an exceedingly large inguino-scrotal hernia, which, after repeated and long-continued efforts at reduction, by myself and my two colleagues before mentioned, proving ineffectual, he was ordered gr. ij. of pulv. opii.; and when he was fully under its influence the taxis was again had recourse to with no advantage. The tobacco enema was then administered, which soon produced its full constitutional effects, and the efforts were again repeated, but proved of no avail. All the symptoms becoming more urgent, the operation was proceeded with immediately, and upon expos-

* For the same hernia.

ing the sac (which, with its contents, was very large) I separated it from its adhesions all round, and attempted to reduce it, which, however, from its narrow neck and large size, I found to be impracticable without laying open the sac, which I did, and exposed a large quantity of thickened omentum, enclosing two folds of blackened intestine. After freely dividing the stricture, both upwards and inwards, the gut, with a little manipulation, was replaced in the abdomen, as was also a portion of omentum, though the great bulk was allowed to remain in the sac. He passed a good night, with a total abatement of all bad symptoms, and, up to the 20th of November, progressively improved, on which day he was discharged cured.

CASE 3.—Ann Waddington, æt. 62, a very fat, lusty woman, was admitted on Monday, Dec. 31, 1838, at four, P.M., labouring under very urgent symptoms of strangulated femoral hernia. On the previous Wednesday she had a severe attack of vomiting, and during that time the swelling in the groin made its appearance, attended with all the symptoms indicating strangulation. Bowels have been constipated ever since, though she has taken quantities of purgative medicines, which have always been rejected by the mouth immediately after swallowing them. The taxis, followed by a tobacco enema, and a repetition of it, were tried without effect; and, with the concurrence of Drs. Alexander and Stavert, I performed the operation in their presence, exposing a large and singularly-shaped rhomboidal sort of tumour, firmly adherent to the ligamentous and other structures adjacent to it, from which, by means of my fingers, I succeeded in detaching it, but was unable to return it, though I persevered in the attempt for a considerable time. I then opened the sac and divided the stricture freely, which was situated at Gimbernaut's ligament. The intestine (which was black and dull in appearance), was then returned, and a large piece of black and mortified omentum was cut away; the wound was then dressed in the usual manner. Although the more urgent symptoms abated, the bowels were never relieved, and she gradually sunk, and expired on the morning of Friday.

INQUEST ON THE
LATE MR. BOUTALL.—LETTER
FROM MR. ANCELL.

To the Editor of THE LANCET.

SIR:—In the report of the second inquest on the body of the late John Boutall, published in *THE LANCET* of this day, there are

one or two errors in the evidence as stated to have been given by me, which I shall feel obliged if you will allow me to correct.

In reply to a question by a jurymen I am made to say, that I attended the deceased for some months previous to his death, my words being “*not* for some months previous to his death.” I did not refer to any particular recorded fact of prussic acid found in the body after disease of the abdominal viscera,* but stated, generally, that the formation of prussic acid had been observed in persons affected with abdominal diseases. Lastly, I avoided the use of technical terms most studiously; the word “*lesion*,” therefore, was not employed by me. To the best of my recollection, I spoke, verbatim, as follows:—“There certainly is presumptive evidence (of poisoning) from the existence of prussic acid in the stomach of the deceased; but I could have given a much stronger opinion had the examination of the body been carried further, in order that we might have been able to state positively, whether any of the appearances which usually present themselves of natural disease, as, for instance, in the head or chest, or those which occur after death from prussic acid, did, or did not, exist.”

I may, perhaps, be allowed to make a few remarks upon the case, since it is plain that the Coroner and the jury considered that I had no sufficient grounds for any doubt upon the subject.

The medical witnesses were the first examined, and they had no facts to rely upon but those elicited by the post-mortem examination of the body; that examination furnished the court with one fact at most, viz., the existence of prussic acid in the stomach of the deceased five days after death. The question, therefore, comes to this,—Is the circumstance of poison being detected in the stomach sufficient to enable a medical man to affirm, and a jury to return a verdict, that a deceased person died from the effects of the poison? My answer is, No. We can only presume, from this fact, that the poison has occasioned the death, and we are then called upon to enter into the most patient scrutiny in order, if possible, to ascertain the truth. In corroboration of this, I will quote only one authority. M. Devergie observes:—“The demonstration of the existence of a poison does not prove the poisoning, unless the individual whom we suppose poisoned presents the symptoms and morbid appearances which generally coincide with the poison; whence it follows, that the symptoms and morbid appearances are as necessary to the affirmation of poisoning as the poison

* We have before us the short-hand notes of Mr. Ansell's evidence, in which we find the following words:—“One fact of this kind is recorded after disease of the abdominal viscera.”