

times a day, with the bicarbonate of potassium and camphor mixture, keeping the bowels regular by blue pill and rhubarb, with aromatics, and enjoining a light, nutritious diet. After a short time, she began to improve in her general health, and to gain flesh. The dose of the iodide of potassium was increased to four, five, six, gradually up to 16 grains, three times a day, and the compound infusion of gentian substituted for the camphor mixture. Now and then she laid aside the iodine for a time, taking quinine and iron in the intervals, and again resumed it. Nothing was applied to the tonsil. The discharge, which had continued almost constantly for many months, gradually diminished, and finally ceased. During this treatment she had no relapse of any importance, and at the end of five months was perfectly restored to health and spirits. Three years have since elapsed, and she has not had a single attack. Lately she has been under my care with dysmenorrhœa and ovaritis, brought on, I have reason to believe, by anxiety of mind.

I believe that the action of iodine in cases like the one just described, is that of a general tonic and alterative. Iodine is undoubtedly a powerful alterative, and in many diseases, particularly when they occur in scrofulous subjects, prepares the way for the action of tonics of another class, which, without its use, often fail in their operation.

August 5th, 1845.

INGUINAL HERNIA, WITH ARTIFICIAL ANUS FOLLOWING THE OPERATION.

By CHARLES A. DALBY, Esq. Surgeon, Ashby-de-la-Zouch.

ON the 26th of January of the present year, I was sent for early in the morning to see Sarah P—, aged sixty-eight years, who was said to be in a state of considerable alarm about a tumour which she had just discovered in the right groin. On examination, I found this to be a small inguinal hernia, which felt exceedingly firm and unyielding under pressure, but unattended with severe pain. She had not had any evacuation from the intestines for four days, and her abdomen was greatly distended, but she remained free from sickness and fever. I immediately instituted both the internal and external means usually adopted in such cases for emptying the bowels and bladder, and for facilitating the reduction of the tumour by the taxis. This object was continued throughout this and part of the following day, without producing the desired effect. About midday of the 27th, she was seized with vomiting and hiccup, and increasing pain in the groin. It now appearing to me that reduction by the taxis was impracticable, I sent to request the assistance of my partner, Mr. Kirkland, who, in consultation, coincided in opinion with me, that the operation for hernia was necessary, as affording the only chance of saving the patient's life. As soon as preparations could be made, this was performed in the afternoon, in the ordinary manner.

I made a long incision through the integuments, and on exposing the tumour, found it intimately attached to the surrounding parts by remarkably firm and evidently old adhesions. It was with extreme difficulty, with the finger and handle of the scalpel, that these could be separated, so as to admit of the stricture being divided; and even after this was done, there were remaining strong adhesions, which occasioned much embarrassment, and resisted for a long time every attempt to divide them. However, this in the end was surmounted, and the herniary protrusion completely reduced. I then dressed the wound in the usual manner, and the patient was placed in bed without any unpleasant symptom. She passed the night in a somewhat restless condition, but without fever. Next day, finding the bowels were quite inactive, I gave her an enema, but as this produced no effects, it was repeated three times in the day for some days, and still without proving effective. About the third day after the operation, sickness, with vomiting, supervened, and fecal matter was frequently rejected by the mouth. On the 4th of February, a rupture of the intestine at the seat of operation took place, and the alvine contents were passed through the orifice, which thus formed an artificial anus. On this, the vomiting and all other unfavourable symptoms ceased.

In this state the poor woman continued till the middle of May, when a natural evacuation from the rectum took place, without the aid of any medicine. From this time to the end of June she continued to have motions daily; sometimes from the wound in the groin, which remained partially open, and sometimes through the natural passages. About the middle of July, the external wound was closed, and up to the present time, she has had natural evacuations without assistance. In all other respects, she enjoys as good health as most people of her age, having a good appetite, sleeping well, and being free from pain.

August 6th, 1845.

STRANGULATED HERNIA REDUCED "EN MASSE." WITH REMARKS.

By ROBERT WADE, Esq. Senior Surgeon to the Westminster General Dispensary.

To the Editor of THE LANCET.

SIR,—An abstract of the following paper was laid before the Royal Medical and Chirurgical Society at the last meeting of the session. I shall feel obliged by your publishing it entire in THE LANCET, as it appears to me that the merits of the case, if any, could not be developed in a few lines.

I am, Sir, your obedient servant,

Dean-street, Soho.

ROBERT WADE.

In a recent valuable communication to this Society by Mr. Luke, its attention was called to an occurrence which occasionally happens in strangulated hernia, when the hernial tumour, with its investing sac, is reduced through the aperture of the abdominal parietes, the hernial contents still remaining subject to strangulation from the same cause that existed previously to their reduction. Having lately had to operate upon a hernia of this kind, which was attended with some little difficulty in the diagnosis, I have ventured to present a description of the case to the Royal Medico-Chirurgical Society, trusting that a faithful narration of the circumstances as they occurred may not prove useless.

In the afternoon of April 4th, 1845, I was requested to visit Mr. B—, of Great Randolph-street, Camden-town, in consultation with Mr. Mullins, of Kentish-town, and Mr. Davey, of Great Ormond-street. The patient, an active, healthy man, in his seventy-fifth year, had been affected with inguinal hernia on both sides for nearly thirty years. The herniæ were sometimes as large as a good-sized pear, occasionally descending into the scrotum, but were always easily reduced, and generally kept up by a double truss. I was informed, that two days previous to my visit, Mr. B—, on getting out of bed in the morning, experienced a slight but momentary darting pain in the right inguinal region; that on going to the water-closet soon afterwards, as was his usual custom, he found that his bowels would not act—an unusual circumstance with him. Towards the afternoon he began to vomit, the fluid ejected soon became stercoraceous, and at my visit had a highly feculent smell and appearance; the breath was also very foetid. Upon a careful examination, not the slightest appearance of hernia could be detected on either side, nor was there any tenderness on very firm pressure over the inguinal canals, or any part of the abdomen; the pulse was about 90, regular, and tolerably full, except during the sickness, which caused great faintness. Cathartic enemata had been administered, and croton oil, a scruple dose of calomel, and other powerful purgatives taken, without producing the desired effect. It was evident that there was obstruction in some part of the intestinal tube, and but little doubt could be entertained of the seat of the obstruction being in one of the herniæ. There was nothing, however, to guide us to the exact locality of the strangulation, with the exception of the before-mentioned slight darting pain in the right inguinal region felt by the patient on first getting out of bed. The spermatic cord was certainly more distinctly felt on the right side than on the left; and, from all the circumstances of the case, I was led to the conclusion that the right hernia, with its investing sac, had been reduced *en masse* by the patient, and that the obstruction existed in the neck of the sac on that side. As, however, it was the opinion of the gentlemen present, as well as my own, that the symptoms were not yet sufficiently urgent to warrant any immediate operative procedure, we agreed to give the patient small doses of Epsom salts in a little mint-water, and to continue the administration of purgative enemata.

On my next visit, at three o'clock the following day, with Mr. Mullins, who had the immediate charge of the patient, we found him rather more exhausted than the day before; his bowels had not acted, and he was exceedingly desponding, feeling persuaded that he should not survive his present illness. He had passed a restless night, occasionally talking to himself, and had been much harassed by vomiting; his tongue was dry, and rather brown in the centre, but the pulse, except during the sickness, continued pretty good, being about 90, and there was not the slightest tenderness on firm pressure in any part of the abdomen, nor could any tumour be felt in the neighbourhood of the rings. The patient was assisted out of bed and made to cough, but although the hernia on the left side was forced down, there was no descent on the right; the attempt, however, could not be persevered in, for he soon became so faint as to fall backwards on the bed with a pulse scarcely to be felt. Although the symptoms indicated obstruction of the intestinal contents rather than any serious mischief of the intestine itself, yet, taking into consideration the exceedingly depressed state of the patient's nervous system, the