

with the affected material, disposes us to the dreadful malady; an opinion that is certainly not borne out by my experience; for it must have been observed how few became affected out of the numerous individuals that were necessarily engaged in those vessels having the hides and wool; besides, the immunity experienced by the medical men and relatives in attendance on those affected, carries some weight in favour of its non-contagious nature; but as additional proofs, I may mention that Drs. Mery, Cortes, and myself, have unavoidably had our fingers frequently covered with the blood and matter issuing from the sloughs that formed; further, I have inoculated some kittens with matter taken fresh from some of the above subjects without the slightest ill effects ensuing.

I am, therefore, inclined to suspect that insects are generated at some particular period, or under some peculiar condition of the animal, and lodge in the hide or wool, from whence they are apt to escape and seek a nidus in the skin of any other animal, which in its turn becomes affected after a short time with the poison secreted *sui generis* of this insect.

Gibraltar, August 1851.

ON THE EFFECT OF PRESSURE ABOVE THE PUBIS IN UTERINE HÆMORRHAGE.

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I WAS lately called to a case of uterine hæmorrhage, occurring after labour, and after the expulsion of the placenta. When I arrived I found the patient bandaged tightly; vinegar applications, also, had been used externally to the genitals; the pulse in both wrists was scarcely perceptible, and she appeared a good deal prostrated. The flooding had been arrested by the above means, at least partially. I applied pressure with the hand above the pubis, and instantly, not more than thirty seconds or a minute, it produced a magical effect on the pulse, which became bounding and strong, as if the heart had been stimulated to increased action. Theorise as you may, I leave this to learned physiologists; I merely state the practical results—viz., increased action of the arterial system and arrest of the flooding.

It may be said, all this is nothing new; all this is stated in books on midwifery. I am aware of this, and claim nothing original; but I believe that practical observations may strengthen and confirm the views of theorists and authors, and thus continued observation of many may do service to the talented few.

Cumberland-street, Merrion-square, Sept. 1851.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

Strangulated Inguinal Hernia; Operation; Acute Peritonitis; Death.

(Under the care of Mr. STANLEY.)

NOTWITHSTANDING the numerous and valuable works which have been written on hernia, and the excellent advice to be obtained from clinical teachers and lecturers, practitioners do not seem sufficiently impressed with the mischief done by prolonged taxis; and it is really astonishing that such a method as Amussat's, which advocates no less than subjecting the hernial tumour to continual pressure and kneading for days together, should ever have found any favour. We are fully aware of the hazard connected with an operation by the knife, but we very much suspect that such operations would more frequently have a successful issue, if such a distressing amount of violence were not previously offered to the strangulated portion of intestine.

It would appear that now, with the wonderful anæsthetic agent at our command, a great deal of the difficulty connected with the subject is removed; for it is plain that a hernial tumour, which cannot by gentle manipulation be reduced whilst the whole frame is in a state of relaxation, and the mind unconscious, need not any longer be subjected to the taxis. In such cases it would be advisable to apprise the patient beforehand of the nature of the affection, and agree that the knife shall be used whilst the unconsciousness lasts, if the tumour do not yield to the taxis after narcotism has been established. In this way patients would be saved the pang of the alternative generally left them; and the bowel not being roughly handled, the case would be more likely to turn out favourably.

It may of course be objected that some herniæ have been reduced after two and three hours' effort, and that the patients have done well; but against the few instances where matters have thus proceeded, hundreds might be mentioned where irreparable injury was done long before the cutaneous incision was made. The operation for strangulated hernia (especially where the sac is not opened) is not after all so formidable a matter; for when the hernia does not present any tenderness, when the strangulation has not been too prolonged, when the protruded parts are not too voluminous, and the patient is in an average state of health, there is every probability, provided the operation is well performed, that the case will do well.

But in hospitals, patients generally apply very late, when repeated efforts at reduction have already been made, so that some elements of success are wanting. Surgeons in the country generally have excellent opportunities of operating under favourable circumstances, for they generally see the cases early, and have not to lament previous attempts at reduction. It is extremely likely that the necrologue of the affection with which we are now occupied would be far less considerable, if the general rule were established to give chloroform immediately after gentle taxis has failed, then to continue for a very short time the efforts at reduction, whilst the patient is insensible, and operate before the anæsthesia has gone off, if the tumour prove irreducible. Indeed chloroform combines the advantages of venesection, tobacco, the warm bath, tartar-emetic, &c.; the only substance which can in some degree cope with it is opium. Nor do Desault's words lose any of their value by age,—“Think favourably of a hernia which has not been handled before the operation.” The following case will be found a good illustration of the subject under discussion; the details were kindly furnished by Mr. Savory, tutor at St. Bartholomew's Hospital.

William T—, aged twenty-nine, was admitted into Bentley ward, March 15, 1851, at seven in the evening. The patient is a pale, ill-nourished man, who presents in his right groin an inguinal hernia; he has, besides, an enormously distended scrotum, and an œdematous penis. A distinct impulse is communicated to the swelling by coughing, but no effect is produced by such expiratory efforts on the scrotum. The herniated intestine can be returned into the inguinal canal, and two fingers may be pushed under the outer column of the external ring, but on withdrawing the finger the tumour immediately protrudes again; the abdomen feels natural, and there is no pain about the swelling. Pulse 110, rather small and sharp; tongue moist, and covered with a white fur.

The patient is a baker by trade, and has had a hernia since he was nine years old; the displacement had originally been caused by a kick, and he has generally been able to return the hernia, though a hard lump sometimes remained. The man habitually wore a truss; the night before his admission, however, whilst in bed, the hernia descended, after he had had a fit of coughing; he was unable to return it, and a good deal of pain in the part and vomiting supervened. A surgeon who was sent for attempted the reduction by the employment of taxis, which was used for half an hour; this seemed partially successful, but the vomiting continued through the night and the next morning. The bowels had been relieved on the previous day, before the sudden descent of the hernia.

Mr. Stanley saw the patient on the evening of his admission, and considered the case to be an inguinal hernia of the right side, with œdema of the scrotum, which latter circumstance was probably owing to the employment of the taxis. Mr. Stanley did not consider that the symptoms were such as to require immediate operative proceedings; he determined to wait till the next morning, and ordered a good dose of calomel and jalap. The patient had taken castor-oil twice before admission without effect.

On the following day there was pain in the swelling; the scrotum was livid, more tense, and seemed equally distended,