

subside, and, in many instances, the patients have perfectly recovered, and left the hospital a few hours subsequently.

There is no surgeon in extensive practice who has not at some time met with a case of strangulated hernia, where every thing has been prepared for the operation, when it has been rendered unnecessary by the unexpected reduction of the tumour. How rapid has been the recovery! Yet who will be hardy enough to assert that such would have been the case had the operation been performed?

From these reflections, therefore, I consider that the greatest benefit would be derived from the division of the stricture without opening the hernial sac.

Sir A. Cooper was the first, if I mistake not, to suggest this line of practice, but, unfortunately, he recommended that, the stricture being divided, the sac, and its contents, should be returned. To this proposal there are two most serious objections, the first is, that its adoption is, in general, impossible, from the adhesion which the sac so rapidly forms with the surrounding structures; the second, that the stricture frequently exists in the neck of the sack, and should the parts be returned in this condition, the strangulation will still be unrelieved. So formidable have these objections been that the practice has been laid aside.

I would propose, instead of this plan, that the stricture should first be divided, without opening the hernial sac, and that then its contents should be returned into the abdomen by pressure on it externally. If this be possible, our object is soon accomplished; if not, the hernial sac must be cut into, and its neck, where most probably the stricture now exists, divided.

This plan of operating approaches, as near as is possible under the circumstances, to the reduction by the taxis.

Some may, perhaps, object to it on the ground of its greater difficulty, and because the contents of the sac may be strictured in its interior by an irregular band of lymph, or the intestine may be strangulated by the omentum. To these I would reply, that the difficulty of the performance of the operation should never constitute a serious objection in the mind of any well-informed surgeon; and the occurrence of any accidental strangulation, such as is mentioned, is so extremely rare as not to be taken into account, as a much greater number of lives would, in my opinion, be saved by the non-division of the peritoneum than lost by this casual circumstance. But why speak of the difficulty of the division of the stricture without opening the sac, when this is the very operation to be performed in all cases of old and large herniæ?

Perhaps it is right to mention that a very intelligent gentleman, a Mr. Owen, who formerly attended Sir A. Cooper's lectures in *Guy's Hospital*, and who more lately favour-

ed me with his attendance, informed me that he recollected that gentleman's having recommended a similar mode of operating in one of his oral lectures; such, however, so far as I am aware of, is not stated in any of his written productions. However we may theorise on the subject, practice alone can decide on the propriety of its adoption.

#### CASE OF EMPYEMA, BURSTING EXTERNALLY.

*To the Editor of THE LANCET.*

SIR:—In *THE LANCET* of the 16th April, 1836, I had an opportunity of communicating to you the particulars of a case of empyema, in which the operation of paracentesis thoracis was performed, with temporary success. Since that time, the sister of the patient whose history was then related, has fallen a victim to the same disease, and under circumstances of so peculiar and interesting a nature, that you may possibly deem a few remarks on the subject worthy of a place in your Journal. I am, Sir, your obedient servant,  
J. W. MACNEE.  
Glasgow, Jan. 16, 1836.

CASE.—Agnes Pettigrew, aged 16, a girl employed at a public work, in August last became affected with pleuritis. For this she was treated in the usual way, being bled on several occasions, in proportion to her strength, and, at the same time, taking internally, a mixture of the tartrate of antimony and sulphate of magnesia. By these means, with the addition of a blister, the acute symptoms were subdued, but after their removal she continued feeble, with a quick pulse, and, in a short time afterwards, towards evening, began to experience occasional febrile exacerbations.

The chest was now examined, and tubercles were ascertained to exist, in their various stages, in both lungs. Respiration was more limited in the left than in the right lung, and at the superior portion of the former, pectoriloquy was heard. Neither diarrhoea nor night sweats were present. She was directed to take a mixture of quinine, with aromatic sulphuric acid, and port wine.

From the beginning of October, owing to the patient's removal, I had not an opportunity of seeing her again till the end of the month. By this time she was much worse, being emaciated and feeble, with every symptom of hectic, and profuse purulent expectoration.

The appearances of empyema now became manifest. There was increase on the left, with dull sound on percussion, more particularly at the lower portion, and inability to recline on the opposite side, without experiencing great distress and difficulty of breathing. Gargouillement was audible even at a distance, and the expectoration was copi-

ous, purulent, and mixed with blood. In front of the sternum there projected a circular tumour of half the size of an orange, having a small portion of the bone so loosely connected to the ribs, of about an inch in length; that depression to a considerable depth was easily produced. The remaining portion of the sternum, below the tumour, was more firmly attached. The situation of the heart was altered, and was felt pulsating under, and considerably to the right of, the ensiform cartilage. The countenance was anxious and emaciated; the nights restless, and disturbed by diarrhoea, fever, and nocturnal perspiration. The appetite continued good. The patient had never menstruated. The pulse was 100, and of good strength. On the left side, at the lower part of the chest, no sign of respiration could be perceived, while, on the right, it was hurried and puerile. Her breathing was laborious, and on attempting to rise the oppression was much increased.

While reclining, the tumour at each inspiration became distended with air, but on assuming the erect posture it was immediately filled with pus.

Under such circumstances, no relief could, of course, be expected from medical treatment. She continued to get weaker, and on the 3rd of November the tumour burst, and discharged two quarts of matter.

She remained in this state for six weeks, the fistulous opening at each inspiration discharging a small quantity of unhealthy pus. She died on the 20th of December, by which time she was reduced to the last degree, and for some time previous her sufferings became most severe, from the entire left side being excoriated and continually humid. The body was inspected on the day following her death.

The left side was observed to be considerably larger than the right. The sternum, with a portion of the ribs attached, being removed, a quantity of pus, equal to about a quart, was observed to fill the cavity of the left pleura, which was covered with dense false membrane. At the upper portion the left lung was firmly adherent to the sternum, and condensed into about a fifth of its natural size. When laid open, cavities were exposed. The lung was studded with tubercles. The heart was situated to the right of the sternum. The pericardium was firmly attached to the substance of the heart. Towards the fistulous opening, on the internal surface of the sternum, the false membrane by which it was covered assumed the appearance of an ulcerated surface; and, on introducing the finger, the sternum was found rough and exposed. The communication had been formed between this bone and the cartilage of the fourth rib. In the right lung there were several cavities. At the upper portion it was united by firm adhesions to the costal pleura.

## THE NEW PHARMACOPŒIA.

CRITICISMS ON THE CHANGES.

To the Editor of THE LANCET.

SIR:—Some of the inaccuracies of the New Pharmacopœia have already been noticed in THE LANCET, and I shall feel obliged by your insertion of the following remarks, referring to those changes in the nomenclature, &c., which are capricious, unnecessary, and practically inconvenient. The main objects in revising a Pharmacopœia should be its simplification, the rejection of useless formulæ, the avoidance of ambiguous terms, and to facilitate the prescribing and compounding of medicine. Accordingly, the names employed should be such as will be easily understood, applicable to the substances to which they refer, and not liable to be confounded with one another when *written* in prescriptions, with the ordinary contractions.

When a preparation is well known under a name which is not particularly objectionable, the changing of that name is injudicious, and any alterations in it which are likely to occasion mistakes are unpardonable. For instance, *Sodæ Carb.*, in a prescription written in 1836, means a different substance from that implied by it in 1837. The same objection applies to the other carbonates. It is impossible to ascertain at what precise time the new Pharmacopœia will be universally adopted. The order to follow its directions appeared in the government *Gazette*, several weeks before the birth of the book itself, but the leading members of the profession continue to employ the old names, and many practitioners make use of obsolete terms of as early a date as 1720. It is not, therefore, likely that the new value of the term "carbonate" will be speedily adopted, and we shall be subject to confusion, in this respect, for probably a quarter of a century.

However desirable it may be to employ names which are as scientific as possible, words should not be used which have a double meaning. Thus,

*Acid. acet. fort.*, is now called *Acid. acetic*, the old name for *Acetum. destil.*, which is often used with that signification.

*Ol. menth. p.*, as oil of peppermint is called in prescriptions, will henceforth also signify *Ol. pulegii*.

The motive for some of the changes is quite inexplicable. A term which is abandoned by the College at one time, is resumed at another, and again reversed, without any apparent reason, as if the nomenclature of the Pharmacopœia were regulated by party spirit.

Preparations whose names have been changed four or five times, are not allowed to escape on the present occasion, and in many cases the new names are less appro-