

the result of experience in showing, that there is little chance of resuscitation after a body has been more than *five* consecutive minutes under the surface of the water. I doubt whether the *Royal Humane Society* possesses any well-authenticated record of a single case of recovery after the body had been submerged more than five minutes. I believe that every one of the seven persons who met their death at the Serpentine on Christmas day, had been more than that time under the water—some of them, I know, and perhaps all, very much more. It is not at all marvellous, then, that they were not restored. I am, Sir, your very obedient servant,

GEORGE WOOLLEY.

8, Brompton-row, Jan. 19, 1836.

* * * The above letter reached us last week, but too late for insertion in our Number for Jan. 23rd.—ED. L.

STRANGULATED INGUINAL HERNIA.

To the Editor of THE LANCET.

SIR,—At the suggestion of my friend Dr. Lubbock, who witnessed the following case, I am induced to submit the same to you, requesting that you will insert it in your Journal, and I shall be glad to be made acquainted through your pages with such observations as may suggest themselves as to the treatment to be adopted under similar circumstances on a future occasion. I remain, Sir, yours respectfully,

W. G. GOWING.

Norwich, Dec. 31, 1836.

CASE.—Nov. 7, 1835. Mr. Lambert, æt. 30, of a robust constitution, by trade a baker, was, on Saturday morning, whilst lifting a sack of flour, suddenly seized with a severe pain in the lower part of the abdomen, which continued above an hour, when he became sensible of a swelling in the left groin, which gave him considerable pain on pressure, and continued to increase until about ten o'clock, when I was summoned to attend him. I found him suffering acute pain about the umbilicus, and vomiting everything which he drank. In the left groin there was a swelling, very tense, of an oblong shape, of about the size of a hen's egg, descending about one-third down the scrotum. I placed him in a supine position, and relaxed the abdominal aperture, by raising the limb on the diseased side, and attempted to return the intestine. The swelling was so exquisitely painful as almost to exclude the application of the taxis. Not succeeding, I administered a tobacco enema, and took away above twenty ounces of blood from the arm. He complained of sickness, but did not faint. I renewed the taxis, and

in about ten minutes succeeded in returning the bowel. Ordered one grain of opium.

Eight o'clock. Vomiting continues to harass him; pulse 100; great thirst, and a general restlessness. Laxative injections ordered, which brought away some hard feces. A mixture composed of salts and senna, with five grains of calomel, every four hours.

Nov. 8. Nine o'clock a.m. No sleep; pulse 110; vomiting through the night; tongue clean; slight pain in the bowels, which was not increased on pressure; no motion. At four o'clock the symptoms remained the same. At ten I visited him again, and finding that his bowels had not been relieved, and that the vomiting continued, I gave him another laxative injection, which brought away more feces, and ordered a pill composed of a third of a grain of opium and two of calomel, every two hours.

9. He could not lie still for more than a very few minutes; frequent vomiting; pulse 110; tongue clean; occasional pain, which appeared to arise from spasm, as it came on by paroxysms; nearly all the muscles of the body, particularly those of the legs and arms, were affected with spasm. Dr. Lubbock was requested to visit him, and he prescribed one drop of croton oil, and five grains of calomel every four hours, with the effervescent mixture. We met again in the evening, but with no better prospect. Every kind of nourishment was rejected by the stomach; pulse 120; no relief in the bowels.

10. Passed a restless night, took some coffee, which remained on the stomach above an hour. Strength considerably reduced; pulse more feeble and frequent; countenance shrunk, and the mouth frequently filled with a bilious stercoraceous matter; he died at about half-past four.

Post-mortem Examination, Six Hours after Death.—On opening the abdomen, the portion of strangulated intestine, which consisted of a knuckle of ileum, about two inches in length, was of a dark-brown colour, and adhered firmly and generally to the sac, which so completely encircled its upper portion, as not only to obstruct the passage of the feces through the large intestines, but also the circulation of the blood. Its parietes were thickened, and infiltrated with blood, its external surfaces (the peritoneal covering) firmly adhering together. Its extreme points rested just within the internal ring, which permitted the finger to enter freely, as also did the external ring. The abdominal viscera generally, presented a healthy appearance, except that portion which immediately covered the tumour, which was slightly ecchy-mosed, probably in consequence of the taxis. The stomach was perfectly empty, and very much contracted; the intestines,

as far as the strictured portion, were dis-
tended with liquid feces and gas.

Might not my patient's life have been preserved, if, thirty hours after the hernia was returned, an incision had been made so as to expose the abdominal ring, the bowel (which would have been seen) been drawn down, and the hernial sac slit open?

COPAIBAL RHEUMATISM.

To the Editor of THE LANCET.

SIR,—I read in the last Number of your able Journal the communication of Mr. Eagle relative to the circumstance of copaiba producing the disease termed "gonorrhœal rheumatism," and beg to add my testimony as to the correctness of the views he has taken upon the subject.

It has fallen to my lot to attend a great number of venereal affections, but in no one instance have I seen gonorrhœal rheumatism produced unless copaiba had antecedently been exhibited. I have now before me notes of a case which came under my treatment last winter, in which the most distressing symptoms supervened on the use of the above medicine. The synovial membranes of the knee were greatly enlarged and indurated; the dorsum of each foot was swelled, and the pain was so excruciating, that the patient was unable to put his feet to the ground for a period of six weeks. His medical attendant pursued (very properly) anti-phlogistic measures, such as local bleedings, saline purgatives, &c., but at the same time prescribed a copaiba mixture. When I was called in to see the patient, I found him labouring under great nervous excitement, and he was exceedingly emaciated; pulse 30; numerous petechiæ on different parts of the body; much fever present, and, altogether, he was in a very precarious state. I immediately ordered a discontinuance of the copaiba mixture, but at the same time directed that he should persist in the use of the fever mixture, and that the local bleeding should be renewed. Having pursued this system for a week, he declared himself to be quite "another man," and was enabled to follow his usual occupation. The discharge ceased upon his using an injection composed of the *Plumb. Superac.* and the *Zinc. Sulph.*

I might give you other cases, but refrain from doing so, in order that I may not encroach too much on your valuable columns.

I am, Sir, your constant subscriber,
W. B. MADDOCK, Surgeon.

London, Jan. 19th, 1836.

CÆSAREAN OPERATION,

TERMINATING FATALLY FOR THE MOTHER
AND SUCCESSFULLY FOR THE CHILD.

The following interesting case, attended and related by Dr. B. G. KRANEFUSS, in *Rust's Magazine*, will be found in No. 2, Vol. 45, of that periodical, the last-published number of the journal:—

The subject of the case was a female, forty-two years of age, who was now pregnant for the first time. The author was called on to attend her on the 18th of March, and found that she had been in labour since the 15th. The midwife in attendance had made several improper attempts, with the hand introduced into the vagina, to change the position of the child; and, moreover, had exercised very violent pressure on the sides of the abdomen, in order, as she said, to hasten the birth of the child. The whole abdomen was now excessively painful; the external organs very red, and also painful. On introducing the finger, which caused a good deal of pain, into the vagina, and exploring the pelvis, the antero-posterior diameter of the inlet was found not to exceed two inches; the child's head presented at the os uteri, which was open, and the motions of the infant could be distinctly felt. The Cæsarean operation was proposed, and approved of, in consultation, by Dr. Warenstoff, who had performed it twice, and once successfully, for both mother and child.

The patient was a woman of short stature, and evidently deformed by rickets, from which she had suffered in her youth. During the period of pregnancy she caught cold, and still coughed a good deal. The pelvis was much inclined forwards; the distance of both superior anterior spines of the ileum was eleven inches, and the conjugate diameter twelve inches; the conjugate diameter of the inlet was estimated at two inches.

The patient having consented to the operation, the surgeon's first care was to empty the bladder and intestinal canal. The woman was now placed in a bed prepared for the purpose; two assistants held her feet; another, placed at the head, took charge of the arms; a physician, aided by a midwife, was stationed on the left side, and intrusted with the important duty of preventing the intestines from protruding during the operation. It was impossible to procure sponges, which are recommended by Graefe and Hedenus, in the house of this poor female; their place was, therefore, supplied by folding up a sheet in an elliptical form, and placing it over the front of the uterus, while proper persons took care that it should be applied equally to all the abdo-