

ON A

## CASE OF EPIPLOCELE, AND THE OPERATION OF FEAR IN THE REDUCTION OF HERNIA.

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HAVING been requested lately to accompany a friend to visit J. M.—, of Iken, near Oxford, to meet Mr. Randall, of the latter place, and to consult as to the propriety of an operation in a case of strangulated inguinal hernia, then under his charge, we did so, and found a patient with a large entero-epiplocele of the right side, which had been down for thirty hours, and had frequently come down after hard work, particularly mowing, but it returned on resuming the horizontal position with gentle pressure. Excepting this time, when no means of his own produced any effect, and having been taken at his club-dinner, a short time after sitting down to the same, having crawled into an out-house, and remained there all night, before assistance was given him and medical advice received, placed him in a very dangerous state, when Mr. Randall first saw him. On our arrival, we found the tumour very large and hard, the scrotum very tense, and the abdomen extremely tender. No attempt had been made to reduce the hernia by Mr. Randall ere this, on account of these symptoms, fearing to aggravate the man's sufferings by so doing.

At the upper part, both anteriorly and posteriorly, there was a feeling of softness, arising from a portion of intestine having protruded into the neck of the sac, and become doubled upon itself like the letter S. Bleeding, the taxis, and the application of cold water from a large watering-pot, and from a height, having been employed for some time, with the body bent, and the legs placed some distance above the head, without the slightest effect, led us to form an opinion as to the necessity of performing the operation for the removal of the stricture.

Mr. Randall was therefore requested to make known to the man our opinion; and on returning to the room, when the man's attention was directed to Mr. Randall, I thought it better to try once more the taxis. The attention being diverted as above, the fear of being operated upon, and the cold being applied as before, the tumour made a peculiar gurgling sound, (which once heard is never forgotten,) the hernia was reduced, and the poor fellow saved the danger of an operation.

The impression upon the minds of Mr. Randall, myself, and Mr. Bell, was, that fear was the essential in reducing the hernia, although the above untiring means were also employed.

Would it not be justifiable in other cases to try the effect of the same agent—viz., fear, before proceeding to operate in other cases.

Aldeburgh, 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. Proemium.

## ST. GEORGE'S HOSPITAL.

*Wound of the Chest by a Pistol-Ball; Death.*

(Under the care of Mr. TATUM.)

It has been ascertained by cases, that wounds of the lung made either by the thrust of a sword or a ball, are not necessarily fatal; the result depending on the more or less inflammation of the pleura and pulmonary substance, induced by the injury, and mainly on the amount of primary and secondary hæmorrhage. In very few cases is the surgeon more earnestly intreated to give a prognosis as in wounds of this description, and in none perhaps is it so difficult to answer in a decided manner. Very extraordinary recoveries have taken place, and the least expected fatal consequences have been known to occur. We therefore think of serving a useful purpose in recording the following case, lately under the care of Mr.

Tatum, where the patient perished by his own hand, the pistol-ball having traversed the chest, and wounded the lung.

William W—, thirty-six years of age, was admitted, Jan. 29, 1851, under the care of Mr. Tatum, with a pistol-wound of the chest. On the left side, a little to the left of the median line, and about opposite the fourth or fifth rib, is a dark circular aperture, which will hardly admit the tip of the little finger; a small quantity of blood is oozing from the aperture, whilst the cellular tissue around is in an emphysematous condition. A probe passed into the wound traverses it for about two inches, in a direction downwards and outwards, towards the axillary space. About the centre of the posterior border of the left scapula was observed a hard swelling, which when cut upon and removed, was found to be a leaden ball, somewhat irregular in form, about the size of a small nut, and in which two minute portions of bone were embedded. The face is pale, respiration hurried, and intense pain is felt in the region of the wound, which is increased during inspiration. Pulse 100, full and sharp; there is great thirst, and slight nausea.

Upon inquiry of his friends, it was found that the patient had been ailing for some time with some chest affection, having complained of difficulty of breathing, expectoration, and pain; but no cause can be assigned for his attempting suicide. The act occurred at half-past eight this morning.

Soon after his admission, the pain increased in severity, the pulse rising to 120, and the sputa coughed up being tinged with blood. Mr. Tatum directed venesection to be performed. He was therefore bled from the left arm to twenty-four ounces. During the bleeding, the pain was diminished; the pulse became weaker and less frequent, but it soon afterwards regained its frequency, though not its wiriness or strength, the beats amounting to 145 per minute. The pain having become more acute, he was again bled at one P.M. to nine ounces, this again rendering the pulse weaker, though not lessening its frequency more than a few beats. The pain remained as severe as heretofore, for which, at half-past one P.M., thirty minims of Battley's solution were prescribed to be taken at once.—Three P.M.: pulse 160, soft; pain not quite so severe; patient feels giddy, and this sensation is increased when he speaks.—Six P.M.: Pulse 130, soft; pain much diminished; respiration easier, slight expectoration, tinged with arterial blood.—Ten P.M.: Pulse 120, weak and compressible; patient is dozing; respiration freer; when coughing, air can be heard passing from the lung.

Second day.—Pulse 160, weak; sputa more abundant, but less tinged with arterial blood; cough more troublesome; less pain in the chest. Mr. Tatum ordered sulphuric ether and ammonia to be taken in camphor mixture.

The same symptoms continued more or less during the day, the mucous rattle being more evident, with a further degree of prostration. On the third day the pulse was still weaker; the patient apparently in a sinking state, lying half unconscious; he gradually sank, and expired at half-past four P.M. During the day he had taken some brandy.

*Post-mortem Examination.*—Body well formed and in good condition; a small circular aperture, the position of which has been above indicated, was observed in the left side of the chest. A small wound, about an inch long, was also seen about the centre of the posterior border of the scapula.—Thorax: The pleura throughout the whole of the left cavity of the chest was covered with a thin coating of recently effused lymph, of a reddish-yellow colour; this was found on both pleura pulmonalis and costalis. The external surface of the lung was not adherent to the parietes, but its back and inner surface were adherent respectively to the diaphragm and pericardium. The pleura costalis of the right side was intimately adherent to the pleura pulmonalis by numerous old adhesions. The left pleural cavity contained a considerable quantity of bloody serous fluid, in which several dark clots of blood were found. There was no right pleural cavity. The left lung was smaller than natural, being apparently compressed by the fluid above and on the outside of it. The lower part of the upper lobe, about the centre of its margin, presented a small, irregular-shaped sloughy aperture, which was traced through this lobe to the fissure separating it from the lower lobe, whilst another aperture was found exactly opposite this, through the upper margin of the lower lobe, about its centre. Not only the margins, but the walls of the aperture throughout were in a sloughy condition. The surface of the lung around presented evidences of recent inflammation, whilst its texture in the vicinity of these parts was tense and solid from the infiltration of lymph. The pulmonary substance, more particularly that of the upper lobe, was studded throughout with small miliary