CASE OF INGUINAL HERNIA: PERFORATION OF INTESTINE: RECOVERY.

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THOMAS DUNN, aged 65, a short, spare, sallow-looking man, was admitted as a patient of the Dispensary on Oct. 20th, 1863, for an old irreducible inguinal hernia, with symptoms of strangulation.

When I first saw him, on the following day, as the tongue was clean and moist, the pulse undisturbed, as there was no vomiting or hiccough, nor any tension of the tumour, and the taxis had been repeatedly tried, I simply advised cold applications to the part, with a full dose of opium, to be repeated discretionally. As there was no very marked change for two or three days, I heard no more of the case until Sunday, the 25th, when Mr. Bride, the House-Surgeon, informed me that no relief had been afforded to the strangulation, and that hiccough had supervened.

In the presence of my colleagues, therefore, and with their concurrence, having placed the patient under the influence of chloroform, I opened the sac and relieved the stricture, without interfering with the gut and its attachments. The state of the latter could not be very accurately discerned, as the operation had to be performed by candlelight; but it was the opinion of the other honorary surgeons, as well my own, that there was no particular lividness. The wound was closed by suture, a water-dressing applied, and an opiate prescribed. There was no recurrence of hiccough; and the patient expressed perfect relief.

On the following day, the bowels acted spontaneously, by a copious, dark, fetid motion; and everything seemed to be proceeding favourably until the third day, when the oozing of a greyish pultaceous matter between the lower edges of the wound led me to suspect that the gut had given way; and, as this was followed on the following morning by true fecal matter, the ligature was severed, and a linseed poultice applied; the contents of the bowel now passing away altogether by the artificial opening. As soon as the wound had begun fairly to granulate, I directed that a pledget of lint, soaked in the balsam of Peru, should be inserted with each change of the poultices. The fecal discharge then gradually diminished. Towards the end of the third week, the bowels began to relieve themselves in the natural way; and, by the end of the month, the wound had perfectly healed.

In a few months afterwards (though recovered from the effects of the operation), he had a severe attack of pleuropneumonia, of which he died. I regretted that I had no opportunity by a *post mortem* examination, of ascertaining the precise state of the inguinal canal, being confined to my room at the time by a bronchitic attack.

OUR DUST-BINS. The dust-bin is the "kitchen-midden," a far worse collection than the farmer's midden—which latter has the advantage of being in the open air. It is composed of bones of animals, damaged cooked meat, fish, wasted cooked vegetables, cabbage-leaves, wasted bread, and everything that will not float in water or pass down a sink-grating. And when the bones do not go into the dust-bin, but are kept separate for sale in some closed cupboard, they do not therefore fail to give off their noxious odours separately. These "kitchen-middens" fester and putrefy, and fill the house with poisonous gas. It is supposed that the parish dustman carries them off "Once a Week"; but these good folks are by no means so regular as our publication. (*Once a Week.*)

Progress of Medical Science.

MIDWIFERY AND DISEASES OF WOMEN.

OVARIOTOMY. M. Péan presented to the Academy of Medicine a patient on whom he had performed ovariectomy eight months previously. There were numerous adhesions between the cysts and the intestines and epiploon. M. Péan divided the adhesions, applied the necessary ligatures, leaving them in the abdomen, and united the external wound by metallic sutures. The patient had an attack of bronchitis, and displaced the sutures by coughing. They were reapplied, and the patient recovered, and, at the time of the report, was enjoying excellent health. (*Gaz. Méd. de Paris*, July 29, 1865.)

MORTALITY OF CHILDREN AS AFFECTED BY THE NUMBER OF LABOURS. Dr. Matthews Duncan, in a carefully prepared statistical paper, gives the following as the result of his investigations. 1. The mortality of first labours is about twice the mortality of all subsequent labours taken together. 2. The mortality from puerperal fever following first labours is about twice the mortality from puerperal fever following all subsequent labours taken together. 3. As the number of a woman's labour increases above nine, the risk of death following labour increases with the number. 4. As the number of a woman's labour increases above nine, the risk of death from puerperal fever following labour increases with the number. 5. If a woman have a large family she escapes extraordinary risk in surviving her first labour, to come again into extraordinary and increasing risk as she bears her ninth and subsequent children. (*Edinburgh Medical Journal*, September 1865.)

CASE IN WHICH THE FIRST STAGE OF LABOUR PASSED DURING SLEEP. On February 15th, 1865, Dr. W. S. Shaw was called to see Mrs. N., aged 32, a primipara. She was tall, well formed, of moderately full flesh, strong, muscles firm; the lower extremities were somewhat cedematous. She had been using extract of belladonna three times a day for two weeks. This was given in order to shorten the first stage, in consequence of its being recommended for this purpose by Dr. Fordyce Barker of New York. She went to bed as well as usual and fell asleep, was wakened half an hour before Dr. Shaw arrived, by water running from her. She did not seem to be in much pain. On examination, he found the os uteri surrounding the brim of the pelvis, and on the accession of the next pain passed above it, and the vertex presented in the superior strait. Labour proceeded regularly, but slowly, for about three hours, when the head had passed into the pelvis, the vertex looking towards the left ramus pubis. She had afterwards two convulsive fits. Labour was completed by the forceps; and she was delivered of a dead child. The death of the child had doubtless been caused by long impaction, and spasms at the fetal heart were heard a short time before the first convulsion. After delivery, and before the bandage was applied, she had terrible convulsions, and remained semicomatose for twelve hours, but afterwards made a pretty good recovery. Dr. James Palfrey has related a case of twin labour in which uterine action passed to the second stage during sleep. Dr. Shaw supposed he had pretty satisfactory evidence of the efficacy of belladonna; but Dr. Palfrey's case spoils his evidence. (*Philadelphia Medical Reporter.*)