

bad symptoms; the wound looked healthy, and healed gradually.

In a few weeks, he was allowed to get up; and on May 18th, was discharged cured. He could walk perfectly well; and there was no tendency to hernial protrusion.

Original Communications.

CASES OF STRANGULATED HERNIA, TREATED BY INFLATION OF THE BOWELS, AND BY SHAKING THE PATIENT WHILST IN AN INVERTED POSITION.

By RICHARD GRIFFIN, Esq., Weymouth.

CASE I. A short time since, I visited, in consultation, a female, with symptoms of strangulated femoral hernia, which had existed for a couple of days. In consequence of several attempts at reduction, the hernia, about the size of a walnut, had become very painful, and there was some tenderness of the abdomen; vomiting was frequent, and there was no action of the bowels, although several large aperient doses and enemata had been administered. I procured a pair of bellows and passed the nozzle into the anus, an assistant holding the nates well together, so as to prevent, as much as possible, the escape of air from the bowels. The patient complained of the distension giving her pain; but the inflation was continued for about a quarter of an hour, much of the air escaping either through the bellows, or by the side of the nozzle; but it was, apparently, of no benefit.

A fresh consultation was then held; when it was deemed advisable to recommend an operation. This, however, was postponed for a short time, but fortunately was not needed. In about an hour after inflation, the bowels acted freely, and all symptoms of strangulation ceased; the distension having caused the forcible withdrawal of the strangulated knuckle of intestine which had prevented the peristaltic action of the bowels. The patient recovered.

CASE II. In another case, to which I was called in consultation, the old woman had stercoraceous vomiting for three or four days, with constipation. The hernia was femoral and irreducible. The bellows were used in this case, as in the last; and, although they appeared at the time to have been of no avail, yet, in about an hour, a free action of the bowels took place. Unfortunately, however, there was no stopping the diarrhoea which ensued, arising from the drastic purgatives which had been administered; and the old lady died in forty-eight hours. The inflation, however, reduced the hernia; and so far was a success.

CASE III. I was called in consultation to a man who had a strangulated inguinal hernia, which could not be reduced by the taxis. Purgatives and enemata had been freely administered during the preceding three days. I at once tried the bellows; which had not been used many minutes, before the man called out, "You are blowing up my purse!" Such was, indeed, the fact; the scrotum having become largely distended with air, owing to a laceration in the rectum having been made with the pipe of the enema-syringe, which, I subsequently ascertained, had been so roughly used, that the man called out when the enema was being administered, and blood followed the withdrawal of the pipe. The bellows were removed, and the man immediately went to the night-stool; and a copious evacuation followed. I did not see the patient again; but I subsequently

heard that he got well, and the air in the scrotum was soon absorbed.

CASE IV. A fourth case has been related in one of my Poor-law pamphlets, in which a strangulated hernia was reduced by the bellows; the taxis, enemas, and purgatives, having previously failed.

These cases prove that, before the operation for strangulated hernia is performed, it would be well to try the effects of inflation; although this, like everything else, is sometimes liable to fail, as the following cases will prove; superadded to which, shaking the patient whilst in the inverted position, also failed.

CASE V. A man with scrotal hernia, to whom I was called in consultation, had all the usual remedies tried, including inflation of the bowels, but in vain. He was then hoisted with his knees over my medical friend's shoulders, and lifted in that position until only his head touched the bed, and had a thorough good shaking. The intestine, however, was too tightly held to be dragged from its position by this procedure; he was, therefore, obliged to submit to an operation, by which he was cured.

CASE VI. A lady, very stout, about 50 years of age, who had suffered for years with an irreducible umbilical hernia, for which she wore a supporting abdominal-belt, having one day used a little extra exertion, came home fatigued, and complained of pain in the bowels, followed by sickness and constipation. Enemata, salines in a state of effervescence, then opium, and finally purgatives, with inflation of the bowels, were tried, together with the taxis; but the hernia could not be reduced. A former medical attendant of the lady was then summoned from a distance; and, on his arrival, he suggested that shaking in the inverted position should be tried. Accordingly, the patient's knees were placed over his shoulders, with her legs hanging down his back, and, with the assistance of several persons present, he gradually raised himself into an upright position, the patient's head only touching the bed. He then gave her two or three good shakings, which did not occupy more than a minute or two; but, on looking at the patient's face, I discovered that breathing had ceased, and she was pulseless. We instantly placed her in the recumbent position; the window was thrown open; and a napkin, with the end dipped in water, was very freely applied to the face and chest, the slaps from it being anything but gentle. In a few minutes, there was a slight sigh; and, after a short time, we had the pleasure of having our patient in no worse a state than before the attempt at reduction by shaking; but it was felt to be a painfully narrow escape by all present, and may serve as a warning, not to be disregarded by medical men, that they ought to be careful how they turn stout people topsyturvy. A medical gentleman from Bath was telegraphed for; but, in spite of the efforts of four surgeons, our patient gradually became worse, and died. As we were not permitted to have a *post mortem* examination, the precise cause of death was not ascertained.

HYDROCELE.

By JOHN THOMPSON, M.D., F.R.C.S., Bideford.

HYDROCELE is of such common occurrence, that it must be a subject of interest to every practitioner. It affects persons of all ages, but is most frequent in the later periods of life. I know that this will be disputed; but I am nevertheless persuaded that, if it be taken into consideration how small is the number of persons living between the ages of fifty and seventy, compared with those between the ages of thirty and fifty, experience will justify my opinion.