in this manner. The men severally took six, seven, and eight doses of the following form, before the irritating operation of the arsenic began to show itself by vomiting and purging. What is very remarkable, is the immediate and complete recovery of these patients, without the arsenic having produced any trace of its poisonous agency, or any subsequent ill consequences. Mr. Ireland prescribed as follows—

R. Liquor. arsenicalis 3ij.
Tinctura opii gtt. x.
Aqua menthae pip. ʒiiss.

to which was added half an ounce of lime-juice: the medicine being taken in a state of slight effervescence. The embrocations and clysters mentioned by him, cannot be regarded as having had much to do with the cure, but were no doubt useful in some degree.* On one occasion only did Mr. Ireland amputate the finger on account of the extent of the laceration. In the remaining instances he contented himself with paring the edges of the wound and dressing it superficially.

It is well admitted by most physicians that arsenic will cure chorea, if given in proper doses and for a sufficient time. Mr. Martin, of Reigate, and Mr. Salter, of Poole, have adduced abundant evidence of the great powers of arsenic in the cure of this disorder. Now, having a due regard to the condition of the nervous system in these two instances of its disturbance from such different causes, I think we must conclude that arsenic operates specifically and powerfully in that direction. Dr. Taylor tells us that it is not a corrosive poison, and although four or five grains have been found sufficient to destroy life, patients have recovered after taking sixty. Such a case is upon record; it was published by Dr. Roget. A grain of arsenic every half hour sounds somewhat heroically, but I should like to see this remedy tried in hydrophobia as Mr. Ireland used it to quell the effects of the snake poison. I think it may be shown that arsenic powerfully and specifically stimulates the semilunar ganglion and its tributaries presiding over the organic life of our bodies. Its "evacuant" operation is an incident of prime importance in cases of poison. It should always be given on these occasions until the patient vomits and purges abundantly.

I thank Dr. Powell for his valuable contribution to the Journal; but I fear he must assume or prove something in addition to the altered quality of the blood, before he will successfully explain the *modus operandi*, variable as it is known to be, of these subtle poisons. The nerves have their own extrinsic and peculiar properties and functions as well as the blood, and where their independent action is slighted or forgotten in the treatment of constitutional disorders growing out of local irritation, whether chronic or acute, grave errors of treatment will occur, and the practitioner's reputation will in such circumstances not always pass unscathed.

London, 8, Dover Street, September 6th, 1853.

CASE OF LARGE STRANGULATED INGUINAL HERNIA FATAL AFTER OPERATION.

By JOSEPH HINTON, Esq., M.R.C.S.

UNSUCCESSFUL cases, however unsatisfactory they may appear, often furnish us with a deeper insight into the disease, and hence I am induced to lay before the readers of this Journal the brief details of the following case.

CASE. W. H., aged about 45, a blacksmith, requested my assistance in May last. He had been for many years the subject of right inguinal hernia, which was irreducible; at various times he had while at work felt a fresh protrusion, with increase of volume in the tumour, and these attacks had generally been attended with severe pain, vomiting, etc. On these occasions, he had generally been able to restore the parts to their original size, that of a large foetal

head, by his own efforts. His habits of life had been very irregular, which his appearance bore out. On the morning in question, while at work, he felt a sudden increase of volume in the tumour, was soon suffering, and almost immediately vomited; he found that the hernia was nearly double its usual size, and it resisted all his efforts to replace it. I found that it occupied the whole of the scrotum, the penis (B) being nearly obliterated; in length, it could not have measured less than ten inches, whilst in circumference it must have been considerably greater, the neck being from three to four inches across; the whole tumour was tense, and somewhat reddish, especially at the lower portion, where there appeared, as it were, a second somewhat flattened swelling (A), the skin of which was glossy, and where there was also an indistinct feeling of fluctuation. I have endeavoured in the accompanying sketch to convey some idea of its size and appearance.

The abdomen itself was comparatively small, though rather tense; it was certainly flattened, but there was no tenderness on pressure; the parietes were loaded with fat.

During the day and the morning of that following, various efforts were made at reduction; but the careful employment of the taxis, cold applications, inclining the body on a board the lower part of the pelvis being elevated above the rest of the body, were alike unavailing. Opium in full doses checked the vomiting; several injections were given, but they produced no effect. Although in these old cases, there may be, as a general rule, less danger in delay, yet considering that he remained *in statu quo*, and that his general appearance became more anxious, I did not consider myself justified in postponing the operation. Accordingly, on the evening of the second day, he was placed under the influence of chloroform, and a last trial of the taxis in that condition proving unsuccessful, the operation was at once undertaken. My original intention was to have relieved the stricture without opening the sac; in this, I failed, not because this was within the sac, but because trusting to books, I was misled. The incision made (C) was about three inches in length, an equal portion being on either side of the neck of the hernia; the dissection was carried through a layer of fat, about three quarters of an inch in depth, until I arrived at a layer of membrane, which appeared like the sac, but which showed the bluish character which books assign to this membrane only in a very small portion; taking, therefore, a portion of this surface, which was dis-

* The very interesting narrative from which the foregoing facts are quoted will abundantly repay perusal. It occurs at p. 136 of the second volume of the *Med.-Chir. Transactions*, published in 1811.

tinely white, I made a very small opening in it, which was immediately filled up by a substance like fat; the opening further enlarged, proved this to be omentum; and from the sac thus opened, a large quantity of bloody serum speedily flowed. The contents of the hernial sac were in front of the large intestine, immediately behind which were from six to eight inches of small intestine, evidently the recent addition to the contents of the sac, and that also which had suffered most, for it was very dark; after the division of the stricture, this was replaced, and the large intestine, which had contracted adhesions to the sac, was not meddled with. Owing to the dilated state of the large intestine, the external parts were with difficulty brought into apposition; warm water dressing with pad and bandages were applied. The patient expressed himself as being relieved, but he never appeared to rally, and gradually sinking, died in about ten hours; a slight action of the bowels previously taking place.

Twenty-four hours after death, the whole of the scrotum was of a dark purple colour, and was also emphysematous: there was no attempt at adhesion; recent peritoneal inflammation existed more or less over the whole of the intestines; the strangulated portion was less dark than at the time of the operation. The sac contained the greater portion of the colon, and apparently all the omentum, which was very firmly attached to the lower portion of the scrotum.

I merely place this case on record, as a proof that old hernie of large size will not always admit of delay, for this had scarcely been strangulated thirty hours; and also as a caution to others, who, like myself, have not had many opportunities of *closely inspecting* the operation—I say *closely*, for it is one of those where students are very rarely able to notice the actual steps, although they may very frequently witness the cases—that we cannot always rely on the blue colour as a mark of our arrival at the sac; indeed, I should apprehend that whenever omentum is immediately beneath the sac, the blue colour cannot possibly be present, unless the latter contains so large an amount of fluid as to separate the one from the other.

Blaina Iron Works, Monmouthshire, Sept. 1853.

BIBLIOGRAPHICAL NOTICES.

COMMENTARIES ON THE SURGERY OF THE WAR IN PORTUGAL, SPAIN, FRANCE, AND THE NETHERLANDS, from the Battle of Roliça in 1808 to that of Waterloo in 1815, etc. Revised to 1853, by G. J. GUTHRIE, F.R.S. Fifth edition. London: 1853.

MR. GUTHRIE occupies, deservedly, a prominent place in surgery; and among military surgeons he stands second to none. During the Peninsular campaigns, he did good service to his country in the field; and many results of this experience will be of value to his profession in all time coming. His sphere of observation was large and varied. To the task of observing, he brought the natural gift, flanked by intelligence and activity: he has since had ample time and opportunity for reflection and thought—for leisurely digesting at home, as it were, the ingesta which had been hastily taken in the camp; and the result is now before us, in the form of condensed "Commentaries on the Surgery of the War".

A systematic review of such a work would require a regular and sustained campaign, incompatible with the time and space at our disposal. We can attempt nothing more than a mere skirmish, or affair of outposts. Campaign, we say; for we cannot in all points agree with our author; and some of the positions, which evidently he deems among his strongest, we think we could "turn", and occupy against him. On the whole, however, we have much pleasure in stating our conviction that the work is an excellent one, creditable to Mr. Guthrie, and valuable to the profession of which he is a distinguished and important member.

A favourite subject with our author, evidently, is the *treatment of wounded arteries*; and his main effort, practically, is to enforce the maxim of always doubly ligaturing the vessel at the injured part, in preference to treatment applied on the cardiac aspect, and at a distance. No doubt this is sound; and the service done in enforcing this is great and good: yet, like most sanguine men, paternally related to any good thing, Mr. Guthrie, in our humble opinion, is apt to push his favourite law a little too far, and to judge rather harshly of his brethren who sometimes venture to differ from him in practice. To the rule in question, he will admit of only one exception, namely, when ligature of the wounded part is impracticable. That few will dispute; all the more, as it seems to amount pretty nearly to a truism. But we think there is room for one other exception, namely, that it is not expedient to attempt to tie the vessel at the wounded part when that part cannot reasonably be expected to hold the ligature—being, along with the other tissues around, in a state of ulcerative and unhealthy inflammation—at the end of three, four, six, eight, ten, or twenty days, after the injury, as the case may be. Instead of placing a ligature on such a part, whence it must prematurely come away, and infallibly be followed by hæmorrhage, it is surely better to tie a healthy portion on the cardiac side, with or without moderate pressure on the ulcerating wound.

Again, Mr. Guthrie, in treating of the means whereby bleeding is spontaneously arrested in arteries, is anxious to impress upon his readers the fact that the object is accomplished mainly, if not solely, by the artery's "own intrinsic powers", namely, contraction, and the internal clot, irrespective of all supposed aid from the vacant space in the sheath, and the formation of external coagulum; at least, in "arteries of moderate dimensions, such as the middle part of the femoral or the axillary, etc." And yet, at page 206, we read of a French femoral artery divided, high up in the thigh, by a cannon shot, at Salamanca, in which the following appearances were found "on the morrow"; the man having "died exhausted, but not from any immediate bleeding, which, when once stopped, had not recurred". "The external coagulum filled up the ragged end of the artery, and was slightly compressed within by the contraction, which kept it in its place. The rest of the coagulum filled the hollow in the surrounding parts, which the retraction of the artery had occasioned. . . . Contraction had begun, but had done nothing essential." And in another case (same page), we are told, "a slight contraction had taken place, but not sufficient to have been of the slightest utility in suppressing the bleeding, which was in fact prevented by an external coagulum". Surely there is no such great difference between the femoral "at its middle" and the same vessel "high up the thigh", as to size, structure, function, or aught else, as necessitates any very marked difference in the spontaneous means whereby bleeding is arrested after transverse section. Therefore, we incline to think that here our author's faithful accuracy of observation in individual cases militates against, and is superior to, his general sweeping conclusions; and we pronounce in favour of the vacant sheath with its external clot, as generally available, with other means, for the arrest of arterial bleeding.

Once more,—Another "great principle" is, "that no operation ought to be performed on a wounded artery unless it bleeds"—*at the time*, is meant. This, too, seems rather sweeping. Take the following case in illustration—the very one (page 213) which Mr. Guthrie calls "the model on which the treatment of all such injuries should be founded". The man was wounded by a musket ball in the thigh. Several days afterwards, a bleeding took place, and "half filled a large pewter basin". A tourniquet was put on; and next day, the man being laid on the operating table, Mr. Guthrie tried to bring on the bleeding, but it would not come. "The man was replaced in bed, and a loose precautionary tourniquet applied. At night, the wound bled smartly again, and the blood was evidently arterial. It was soon arrested by pressure. The next day, I