July 17th. The throat was very sore; the skin was still red; the restlessness continued. The same treatment was continued; and she was ordered to have quinine in Epsom salts mixture.

July 18th. She passed a bad night. There was occasional delirium. The skin was dusky; there was a diphtheritic pellicle on the fauces; deglutition was difficult. The throat was syringed.

July 19th. The mental faculties were oppressed.

July 20th. The throat was better; the pulse was steady; the skin less dusky; the bowels were confined; the right side of the face was flaccid, as if paralysed; voluntary power was not abrogated. Castor oil was ordered.

July 21st. She appeared better; the skin was rough and chip-like. There was a discharge from the right ear.

July 22nd. The discharge had ceased.

July 23rd. The patient had convulsive fits last night, preceded by pains over the whole body. The pulse was quiet; the urine was abundant. She lay in a placid state.

July 24th. Convulsive twitchings occurred in the night, and some to-day, of a less severe kind. Fretfulness preceded the convulsive moments. There was paralysis of the right side of the face, and of the right eyelids. There was considerable swelling on the right side of the neck. The tongue was becoming clean; the urine was free. The head was ordered to be shaved, and two leeches to be applied to the temple. The treatment was continued; and she was directed to have porter in addition.

July 25th. She was relieved by the leeching, and seemed better. There had been no more convulsions. The countenance was almost natural.

July 26th. There was a large abscess on the right side of the neck. I made an incision into it. A small quantity only of pus escaped, in consequence of the insufficiency of the incision.

July 27th. There was a more free escape of pus.

July 28th. Both sides of the neck were swelled. The distortions of the face were strongly marked. The health was improving.

July 29th. She took food well. Bright blood came from her nose and throat, to the amount of three-quarters of a pint, as far as could be judged.

July 30th. There was a free discharge of pus from the right side of the neck.

July 31st. There was bright bleeding, at 8 P.M., from nose, estimated at one pint. It produced syncope.

August 1st. There was no recurrence of hæmorrhage. She seemed better, and ate cold bread and milk.

Aug. 2nd. She passed a good night. At a quarter past 8 A.M., hæmorrhage, "to the amount of a quart", suddenly occurred. She died in five minutes.

EXAMINATION OF BODY, twenty hours after death: weather warm and close. The head was most completely forgotten: I was thinking so much about the source of hæmorrhage whilst dissecting the neck, that I forgot to examine the brain and the portio dura nerve. Rigor mortis was present. The body was fat. The left side of the neck was distended by an unopened abscess. The right side of the neck was flaccid, because of the escape of pus. The right sterno-mastoid muscle was softened in its anterior border at the upper part. The parotid and submaxillary glands were unaffected on the right side; those on the left side were not examined. The pus was not diffused in the neck, but had passed from beneath the deep fascia below the angle of the jaw through an ulcerated aperture, and had so escaped through the incision in the skin. The pouch beneath the fascia was capable of containing three or four chesnuts; and pus, equal in amount to a pea, was found in the course of the lingual artery; but the vessel was not affected. On opening into the mouth from below, an ulcerated aperture was found in the pharynx, on the right side, of the size of a crowquill. Communication was thus effected with a pouch of matter situated just externally to the superior constrictor muscle, and in the immediate vicinity of the internal carotid and ascending pha-

ryngeal arteries. I could not ascertain whether one of these arteries was ulcerated or not; but I feel certain that the hæmorrhage must have proceeded from one of the two. Both jugular veins were sound. The pharynx and stomach contained six or eight ounces of blood; and there was blood in the larynx and bronchi. The lungs were white and anæmic. The heart was healthy. There was rather more serum in the pericardium than usual. The liver was pale, but healthy. Bile was present in the gall-bladder. The spleen was healthy, but rather soft. The stomach and intestines were healthy: the stomach was large in size. The right kidney was congested, and the striæ enlarged: blood escaped on section of it. The striæ were enlarged in the left kidney. The urinary bladder was full. The size of the ovaries was that of French beans.

Chatham, October 1854.

[Several cases are on record very similar to that related by Dr. Brown, in which abscess in the neck from scarlatina has produced fatal hæmorrhage from ulceration of a cervical vessel. The *London Journal of Medicine* for August 1850 contained the report of a case by Dr. R. J. Hale; and the same journal for April 1851, gave an abstract of a case reported by Drs. Déperet Muret and Boulland in the *Union Médicale* for August 24th, 1850. EDITOR.]

CASE OF FATAL STRANGULATED HERNIA, MASKED BY A TUMOUR IN THE GROIN.

By JOHN WINDSOR, F.R.C.S., Senior Surgeon of the Manchester Eye Hospital.

IN the ASSOCIATION JOURNAL for the current month (October 13th, 1854, p. 923), a case is related by Mr. J. D. Brown, of strangulated hernia in a female, masked by an enlarged gland, but which terminated favourably after an operation. Reference is made in the same paper to a somewhat similar case, also occurring in a female, and described by Dr. J. Ridge in the ASSOCIATION JOURNAL (p. 468) of the present year. I am induced by the perusal of these cases to refer to a nearly similar one in a male, which occurred to me in the early part of this year. As I did not record the case in detail at the time, I will state the circumstances attending it very briefly.

CASE. On the 6th of March, 1854, I was requested by his son to visit John Horsfield, aged 62, residing at Whitefield, a few miles from Manchester, on the Bury road. I went almost immediately; but he had died about half-past three, P.M., before my arrival.

I ascertained the following particulars: viz., that, eight days before, on Sunday morning, the 26th of February, after a very straining costive evacuation from the bowels, he was seized with pain in the lower part of the abdomen, sickness, and vomiting. These symptoms, with constipation of the bowels, continuing, a neighbouring surgeon was called in, who used a variety of means without affording any decided relief. The tumour or chronic inguinal enlargement was examined, but no hernial descent could be detected; it was therefore supposed that no operation was indicated, and the case progressed to its fatal termination.

On one occasion, about twelve months previously, I had an opportunity of examining the inguinal tumour, which was of a somewhat dusky colour, projecting immediately under the integuments, and of about the size of a rather large pullet's egg. It was not attended with much pain or inconvenience.

Permission being now granted, about two hours after his death, to examine the parts, I found the tumour composed of apparently degenerated glandular substance, most like friable decayed cheese, and of a brownish colour, without any appearance of vascularity or organisation. On examining behind this if there might be any hernial protrusion, I found outside the external ring a knuckle of

small intestines, of a darkish purple colour, the descent of which doubtless had occasioned the severe symptoms and fatal termination of the case.

REMARKS. The proper mode of combating with success cases like this must at once be apparent; as, although the hernial protrusion may be very difficult of detection, from the superincumbent tumour, yet, if there are unequivocal symptoms of intestinal obstruction, I think it will be conceded that we are justified in making an exploratory incision, by which, as occurred in Mr. Brown's interesting case, above referred to, we may sometimes succeed in rescuing a patient from much suffering, and indeed impending death.*

Manchester, October 1854.

FATAL CASE IN WHICH AN AGED LADY WAS NINE WEEKS WITHOUT AN EVACUATION OF FÆCES.

By THOMAS G. WALES, Esq.

THE following case will, I think, be interesting to the readers of the ASSOCIATION JOURNAL, when it can appear without displacing more valuable matter. It might have been successfully treated in other hands; but I am one of many who would not suppress a case of failure in our art, from a conviction that the acknowledgment of our inability in difficulties may be suggestive to others, who may have to manage cases of like character, of what they ought to do, and of what they ought to leave undone. In the case which I am about to narrate, heroic practice with purgative remedies, beyond the extent to which they were adopted, would, I am persuaded, have deprived my aged patient of some weeks of comparative enjoyment of life, and rendered me liable to a very common imputation, *Nimia diligentia medicinæ*. I lament that I had not a *post mortem* examination.

CASE. Miss S., a spinster lady, in her seventy-first year, of small stature and rosy complexion, having had good health and active habits, applied to me July 8th this year for relief. She explained that the state of her bowels was such as to make her uncomfortably apprehensive of going abroad, and frequently to occasion her leaving the table at meals. Her general health was good; and for some days, whilst she continued her social habits with the family, her symptoms were treated with simple carminative and astringent remedies. To the end of this month, nothing more than had been long experienced induced her to call my attention.

Aug. 3rd. A smart attack of colic pains caused my being again called to her. Miss S. being now under nursing, I had a better opportunity of learning the nature of what she had called a diarrhoea. The abdomen was now tympanitic, and the desire to defecate incessant, without the power to evacuate anything.

The following three days and nights were diligently employed in all justifiable means to move the bowels, including full doses of opium and calomel, and subsequently croton oil, oily and turpentine injections, without obtaining an advantage; indeed, the stomach became irritable, and rejected all that was swallowed.

Aug. 6th. I proposed a consultation with Dr. Cotton of Lynn, whose penetration and good judgment, I think, must be allowed, when the results are known. On this day, the tympanitic symptom persisted, and sound was dull only over a small space in the right iliac region. The future treatment, as will be seen, consisted of moderate doses of morphia and chloroform. In the evening of this day, a pound and a half of quicksilver was swallowed.

I will now transcribe the notes I made to Dr. Cotton of the six consecutive days:—

The pulse had been and was firm, about 80, except after vomiting. There were no rigors or heat during the attack. I was now bent on agreeing with my colleague, that as little interruption to the *vis medicatrix nature* as was consistent with circumstances should be offered.

Aug. 7th. She had a good night, and passed a little flatus downwards. There had been no return of pain or sickness, and she was without complaint. She took gruel with a little brandy at intervals, and extended the period between the doses of medicine. She remained comfortable till 9 p.m., but had no alvine evacuation.

Aug. 8th. She was without complaint, and passed flatus occasionally. Tympanitis was much less. She continued to take nourishment in a fluid state. She slept at intervals. There was no sickness. She sat up two hours, and walked a little about her room. At nine o'clock in the evening, she was comfortable. The abdominal distension had quite subsided. There had been no evacuation. I could feel the quicksilver in the colon, and make it imitate the quickening of a fetus.

Aug. 9th. The patient had a good night, and was much the same in all respects. The medicine had been given only twice in twelve hours. The abdomen was flat, and bore rough handling without pain. I passed my finger, to ascertain the state of the rectum, as far as I could reach; I detected a narrowing of the gut, without induration or pain being complained of by the patient. I conjectured there must be invagination of the bowel. I gave a large simple enema, which was retained half an hour; and, when returned, brought away a very hard olive coloured lump of fæces, of the size of a French walnut. The patient took two ounces of castor oil, on brandy and water, which was retained. At nine in the evening, she was comfortable, and begged to be let alone.

Aug. 10th. The oil had been retained. The patient had had a good night, and had no complaint. She continued to take nourishment enough. The stomach was quiet. The enema was repeated morning and night. There was no movement of bowels.

Aug. 11th. The patient seemed quite well; she sat up and walked about. The oil and enema were repeated: the former was returned after an hour; and the latter came away colourless and without scybala.

Aug. 12th. She was as well as yesterday, but cared little about nourishment. She preferred to be let alone. She slept enough; and thought it so odd that, with the exception of weakness, she felt well.

Aug. 13th. Having no rectum bougie by me, I shaped a Palmer's lamp-candle, and tried to pass it into the narrowing of the bowel; this was attended with pain. Unwilling to do this without achieving some good, I cut off the lower part, and left the other, about six or seven inches, kept steady by the sphincter. I hoped that, when this might be expelled by a consent of parts, something above might come down into the pouch, which at present contained nothing to soil the finger.

Aug. 14th. The candle was ejected five hours after its introduction, but was neither accompanied nor followed by discharge. She had a fair night; but was once sick, after taking some tea which was without brandy. She longed for some champagne; and begged to be let alone.

From this date to her death, on the 6th of October, life was prolonged without pain. She was supported by bitter ale and gruel. Nine weeks, as near as I can ascertain, had elapsed, without an evacuation of fæces. She expired under syncope, after removal from her bed to the night-chair, for the purpose of emptying the bladder.

Downham Market, Norfolk, Oct. 27, 1854.

* John Horsfield, the subject of this paper, although only a weaver by trade, was distinguished for his botanical knowledge generally, but especially of English plants, and formed one of a band of most zealous fellow-labourers in that department of natural science, who have long associated themselves together in this neighbourhood, and have regular meetings for the purpose of mutual information on botanical subjects.