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 salt mixture.

July 18th. She passed a bad night. There was occasional delirium. The skin was dusky; there was a diaphoretic 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; 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. Fremitus preceded 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 swollen. 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 hemorrhage. She seemed better, and ate cold bread and milk.

July 31st. She passed a good night. At a quarter past 8 A.M., hemorrhage, "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 much more about the source of hemorrhage whilst dissecting the neck, that I forgot to examine the brain and the portio dura nervae. 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 stern-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 cheunths; 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 pharyngeal arteries. I could not ascertain whether any of these arteries was ulcerated or not; but I feel certain that the hemorrhage 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 amnemic. The heart was healthy. There was rather more serous 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 stiete enlarged; blood escaped on section of it. The left kidney was healthy. 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 scarlatinna has produced fatal hemorrhage 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 1861, gave an abstract of a case reported by Drs. Dépérat Muret and Boulland in the Union Médicale for August 24th, 1850. Edition.]

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 coitive 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 churning enlargement was examined; 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 beyond the integuments, 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 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
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 naturæ 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. Tymanitis was much less. She continued to take nourishment in a fluid state. She slept at intervals. There was no sickness. She sat up about 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 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 feces, 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 some days afterwards.

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 feces. She expired under syncope, after removal from her bed to the night-chair, for the purpose of emptying the bladder.

Downham Market, Norfolk, Oct. 7th, 1854.

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* John Hornefield, 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.