

A few words as to the treatment. In mentioning this case to one or two professional friends, I was told that a crucial incision would have been best, as the approved practice in obstructed menses, etc.; but from this I dissent. In primiparæ, where the os is like "a minute cicatrix", "a small crowquill", "a slight indentation", or is "impervious, hard, and circular", the crucial incision may be the very best; but where the known recently existing state of parts was that of ample development after repeated child-bearing, and where, therefore, the new formation must extend, lengthwise, from side to side, and be comparatively narrow from back to front, such incision was neither required nor applicable. Bleeding, large or small, was never thought of. It startles one to read of the Cæsarean operation having been performed "in a case of this kind"; and as for destruction of the child in Mr. Hatton's case, this was resorted to on other grounds than the occlusion, and which were deemed sufficient to demand so serious an expedient.

CASE OF CUT-THROAT: RECOVERY.

By WILLIAM THURNALL, Esq., Bedford.

[Read before the South Midland Branch, September 29th, 1857.]

ON September 4th, 1855, G., aged about 37, a sub-contractor on the Leicester and Hitchin Railway, attempted self-destruction about 4-30 P.M., by cutting his throat with a razor. He had been in a desponding state of mind for some time previous to the injury, and had suffered from severe diarrhoea for four days.

When I arrived at the house, about half an hour after the occurrence, I found him upstairs lying on his back, having been placed in that position by two of his neighbours, who attended immediately upon the alarm being given by his wife. There was a very large quantity of blood upon the floor, and upon examining the wound, I found that an incision, about four inches in length, had been made across the os hyoides, which bone had a groove across the whole of the front surface produced by the razor; a second incision had evidently been made a little higher up, which was six inches in length, and extended from about half an inch from the left angle of the jaw to the right angle of the jaw. The muscles were all divided above the larynx, and the œsophagus was cut through the whole extent, except a small portion at the posterior part. The internal edge of the wound on the right side appeared to be more extensive than the external, as though the point of the razor had been depressed when it arrived at that part, and the muscles in that situation were very much jagged. Upon removing a quantity of coagulated blood from the throat, the large vessels on the left side were found to have just escaped the instrument, but both external and internal carotids on the right side were divided. When the clotted blood was removed from the wound, a gush of blood took place from the external carotid, which was immediately secured, and, while the ligature was being applied to it, a very considerable jet of blood, evidently from the internal carotid, took place; I immediately seized with a pair of forceps a mass of muscle in the direction of the jet, which arrested the hæmorrhage, and as soon as the external was secured, I proceeded to search for the wounded internal, but from the jagged state of the muscles, the great retraction of the vessel, and the hæmorrhage having ceased, it could not be found. The upper end of the external carotid was secured as well as the lower. Another artery, probably the lingual or anterior facial, was secured, also a vein which bled freely, and was supposed to be the sublingual. Mr. Harris of Springfield, who was passing by at the time, was kind enough to render me valuable assistance.

The man appeared fast sinking, and about an hour after the injury the pulse at the wrist was barely perceptible; it gradually became weaker, until quite imperceptible, and remained so for at least four hours, during which time the only way I could tell that a spark of life remained, was by placing a candle near the wound and examining the epiglottis, which merely quivered, but did not half close the glottis. So convinced was I that the man was fast sinking, that I spoke to the chief constable as to the time the inquest would be likely to be held the following day. Reaction very gradually returned, and about eleven o'clock he was carefully removed from the floor (where he had remained from the time of the injury), and placed in bed. He vomited three or four times during the night, when a dark grumous fluid gushed through the wound, a very small quantity upon one occasion coming out of the mouth.

September 5th. At 7 A.M. his pulse had much improved, he

became perfectly sensible, and made signs for his daughter to come to him. No hæmorrhage had taken place during the night, but a considerable quantity of saliva and mucus tinged with blood continued to escape from the wound. During the day, he was enabled to write on a slate anything he wished to communicate; and in the evening, the tube of a stomach-pump was introduced through the mouth into the stomach, and about a pint and a half of new milk was injected by means of an India-rubber hydrocele bottle.

From September 5th to the 10th, he continued to sleep well at night, and about a pint and a half of strong beef tea was thrown into his stomach night and morning. On the morning of the 10th, Mr. Couchman and myself closed the wound about two-thirds in extent by means of several sutures, the patient having been kept constantly from the time of the injury on his left side with the head well bent forward on the chest; about an inch and a half of the wound on the left side was left open to allow the mucus and saliva to escape. In the evening, an aperient was given with his food, his bowels not having been opened since the injury.

September 11th. He had a restless night, and complained of much pain in the wound since the sutures were applied. There was a slight erysipelatous blush about the edges of the wound. Cold water dressing was applied; the bowels were not yet relieved; pulse 84. Up to this time, when he tried to talk, the sound was a hoarse kind of whisper, and only a very few words could be understood.

September 12th. He had a better night; pulse the same as yesterday. The bowels were slightly moved; the aperient was repeated. During the night, the patient sneezed and tore out several of the sutures, and the wound being disposed to gape, a broad band of strapping was applied round the throat just below the lower edge of the wound. He said he felt better; the inflammation about the wound was less; and the discharge looked healthy.

From this time he progressed favourably; and about three weeks after the injury, he was able to swallow fluids with care, pretty well; and at the end of about two months, the wound was perfectly healed. Mastication, deglutition, and speech, were impaired for four or five months after the injury, but gradually improved; and eighteen months afterwards, the only perceptible inconvenience was a rather guttural sound of the voice.

USE OF COFFEE IN THE TREATMENT OF STRANGULATED HERNIA.

By JOSEPH B. SAMMUT, M.D., Malta.

HAVING lately perused an Italian medical journal, I was struck with the simplicity of a remedy proposed for cases of strangulated hernia; the efficacy of which I have since had occasion to prove. Not having observed any mention of it amongst the several remarks on this subject in our JOURNAL, I think it might not be unacceptable to draw attention to a method of cure at once so simple and easily obtained. The case was as follows. A coloured man, aged about 55, very robust, cook in a merchant vessel, had been in the habit of wearing a truss for an incipient inguinal hernia, but had left it off for some time. On the evening of October 7th, he, having spent some hours on shore, returned on board somewhat intoxicated, and commenced wrestling with some of the men, when, on a sudden, he felt so severe a pain in the right inguinal region, as to lead him to suppose he had received a kick, but which, from subsequent information, I have reason to conclude was not the case, but simply the hernia descending into the scrotum. He was put to bed, and in some hours afterwards symptoms of strangulation appeared. I did not see him till the following morning between seven and eight o'clock. Having placed him in a convenient position, I tried the taxis, but the patient could not suffer my touching him. I then determined to try strong infusion of coffee (one ounce to each cup), when, to my surprise, after drinking the first cup, the patient's face appeared less anxious, and I was enabled to reduce the hernia with little trouble. This was a result hardly to be anticipated, as the desired effect does not usually take place before administering half a dozen cups, allowing a quarter of an hour to intervene between each. This remedy is frequently used in Habana with success, and has been often tried with equal success by many practitioners; at times in combination with the bath, belladonna ointment over the tumour, etc.