below the vessels, and brought out the point just before the anus. As I cut rapidly upwards, Mr. Heathcote followed the knife with his fingers. Pressure with them and his thumb above the groin, secured the vessels as soon as they were divided; and not one ounce of blood was lost at this stage of the operation. Mr. Keate, who had charge of the limb, then suddenly depressed the thigh. Two strokes of the knife over the capsular ligament were made, and the head of the femur started out of the acetabulum, at the same time tearing through the round ligament. Disarticulation was rapidly effected, and the separation of the limb completed by making a long posterior flap. All hæmorrhage from the posterior flap was controlled by Mr. Pidduck. Five vessels only required the application of ligatures, and there was but very slight oozing from the surface. As soon as that had ceased, the posterior flap was folded upwards on the groin. Three sutures were inserted, some strips of adhesive plaister applied, and over all a wet compress.

The patient did not experience one bad symptom after the performance of the operation. A full dose of morphia was given at bedtime every night for a week.

The dressings were removed on the third day, and with the exception of a small part at the outer angle, and also where the ligatures hung out, the whole line of the incisions was found to have united by the first intention.

The patient was out of bed and on crutches at the end of the month from the time of the operation. She gradually regained flesh and strength, and is now perfectly well and able to attend to her domestic duties as far as a person so mutilated can do.

On examining the tumour, no trace of muscular fibres could be discovered in the upper anterior portion of the limb. A large mass of soft liver-like substance, intersected by thin fibrinous bands, extended from the lower third of the thigh within one inch of Poupart's ligament. The diseased substance extended down to the periosteum, covering the anterior portion of the femur, but the bone itself was quite healthy. In no part of the diseased structure could any medullary or cerebral-like substance be detected.

CASE OF STRANGULATED RIGHT FEMORAL HERNIA: OPERATION ON FOURTH DAY OF STRANGULATION: RECOVERY.

By ALFRED FLEISCHMANN, Esq., Gresford Cottage, Wrexham.

I AM induced to offer a few remarks upon the above case, because I believe the operation for hernia has been unduly surrounded with supposed difficulty and danger. In recent cases of strangulation, practitioners are, I fear, prone to wait, and indulge the too often delusive hope that long continued taxis may supersede the knife; whilst, where strangulation has existed for some days, the case is often looked upon as hopeless, and may be the patient dies unaided and unrelieved.

On Saturday afternoon, November 6th, I was summoned to a remote country district, to see a woman suffering under all the symptoms of strangulated hernia. I found they had existed for four days. Fæcal vomiting and hicough had set in; her pulse was 120, but her expression did not betoken excessive anxiety. The hernia was on the right side, and clearly femoral. Sixteen years ago, she had ruptured herself lifting a heavy weight: it then appeared as a marble, was down during the day, and up at night. She never wore a truss. She was of spare weakly habit, in age 44, the mother of two children. For the last few days she had been dyspeptic, vomiting her food. On Wednesday, November 3rd, whilst vomiting and straining violently, the rupture descended more than usual; she tried to replace it, but failed. Application was made to an unqualified practitioner, who sent her some hydrargyrum cum cretâ and rhubarb, which, however, produced no marked amelioration!

The symptoms grew more and more urgent, till, on Saturday, November 6th (the fourth day of strangulation), she sent to seek for further help.

The tumour was of stony hardness; reduction was out of the question; and I decided upon operating with as little delay as possible. I called into consultation Mr. Griffiths, who kindly attended, and rendered me most valuable assistance. He also tried taxis, but, like me, soon abandoned the attempt. The operation was a straightforward one, and presented no features

worthy of particular note. The sac was opened. The intestine was livid in hue, and incipiently gangrenous. Several ounces of straw-coloured serum escaped from the peritoneal cavity. The stricture was firm, and required free division. After the operation, she had a full dose of opium and ammonia. I sat with her all night: she was free from pain, and slept well. In the morning, her pulse was 106. The remission of all her urgent symptoms was total.

November 8th. Pulse 100. She had no pain in the wound. The tongue was clean. She lived upon strong beef-tea, and took small doses of ammonia and henbane.

November 9th. Pulse 104. She had not the slightest pain or uneasiness in the wound. I left well alone.

November 10th. Pulse 112. She felt no pain, but some stiffness in the wound. I dressed it, and was gratified to find the upper third united by primary intention, and the remainder looking very healthy. The discharge was sufficient, though not abundant. The bowels had not acted, and a simple enema did not bring much away.

November 12th. Yesterday an enema acted copiously; to-day the bowels were naturally moved. Pulse 100. The wound was very healthy.

I need not continue the record further. She rapidly improved; and, on the fourteenth day after the operation, the wound was healed, and she was ready to leave her bed.

REMARKS. This was, I think, a case upon which the most sanguine surgeon would have passed an unfavourable prognosis; and, taking into consideration that the strangulation had existed four days; that she was a weakly woman, debilitated by previous illness; that the extrapped intestine was congested to extreme lividity, and almost to gangrene; and that the peritoneal membrane had begun to sympathise with the gut,—I think most justly so. But, the operation over, all morbid processes ceased; and the *vis medicatrix nature* proved the wisdom of our attempt. That the pulse never rose above 112; that no sloughing worthy of mention followed; that the imprisoned bowel so soon recovered its natural function; and that the constitutional symptoms after the operation were so insignificant,—are all, I think, facts worthy of note, and full of encouragement for the future. I am convinced that *long attempted taxis*, where strangulation is not recent, is as useless as it is perilous; and that, if it succeeds once, it fails twenty times.

There is a point which, in hospital practice, has often struck me, and which this case, which after the operation was left for four days undisturbed, I think, well illustrates; viz, that where a wound is painless, where suppuration is not excessive, and where the constitutional symptoms do not indicate progressing mischief, the less it is interfered with, and the less it is exposed to atmospheric influence, the better. I feel sure, too, that in these days of pyæmia and proneness to typhoid symptoms, a generous diet and due administration of stimulants after an operation often ward off extensive suppuration and vital depression, or, failing that, enable the patient to survive them.

Transactions of Branches.

EAST YORK AND NORTH LINCOLN BRANCH.

A FALLACY IN THE PHYSICAL DIAGNOSIS OF ABDOMINAL TUMOUR.

By JOHN DIX, Esq., Hull.

[Read Sept. 23rd, 1858.]

THE records of medical literature and the observations of practical experience combine to teach us—that a question of diagnosis sometimes arises between renal enlargement and hepatic tumours—when one or other of these morbid conditions presents itself, on what may be termed debatable ground. In such a case, the presence or absence of resonance on percussion in front of the tumour is usually one of the most certain and reliable of the discriminative *physical* signs.

This is such a self-evident fact, and so obviously and so necessarily dependent on the anatomical position of the colon in relation to these two organs, that it is almost superfluous to quote authority on the point. I content myself with a single citation, which appears to state the whole matter clearly and succinctly.