

RADICAL CURE OF HERNIA.

SYMPTOMS OCCURRING SIMULATING PERITONITIS.

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THE following case, from symptoms of a peculiar and doubtful nature arising during the process of cure, may be worthy of record amongst the numerous other facts that are being elicited in the present day respecting the radical cure of hernia:—

S. H.—, aged seventeen, had been the subject of a direct inguinal hernia, of about the size of a walnut, for three years. It was operated upon by Wood's method, the only difference being the employment of scissors instead of a knife in the process of the subcutaneous dissection, and the intervention of a circular piece of india-rubber beneath the wooden disc. She progressed very favourably, the wires being withdrawn on the fifth day, the parts then looking well, and all but united by the first intention.

The day following the patient was still doing well. In the evening, about ten P.M., I was informed she was very ill, and, upon seeing her, found her lying upon her back; knees drawn up; countenance anxious; pulse 120; skin hot and parched; complaining of pain all over the abdomen, but chiefly just above the pubis, where she could not bear the slightest pressure. The wound looked well, and there was less pain there than elsewhere. I knew not what to think. The symptoms were those of peritonitis; but how caused I could not conceive. Hot fomentations and large doses of ipecacuanha and opium were administered. In four hours afterwards she was in a profuse perspiration, and somewhat easier; and in another four hours the menstrual discharge appeared for the first time, and very copiously. At the same time all the symptoms rapidly abated, and by morning everything unpleasant had subsided, save that the wound now gaped, and there was a little suppuration from it.

A similar train of symptoms, but much less in degree, again appeared upon the second menstrual flow, which occurred in about two weeks after the first. The radical cure of the hernia was, however, in nowise affected, and is as perfect as could be wished.

I would remark that the use of scissors instead of the knife very much facilitates the subcutaneous dissection of the parts, effecting it much more rapidly and evenly.

Birmingham, September, 1859.

CAN THE GARDEN SLUG LIVE IN THE HUMAN STOMACH?

By DAVID DICKMAN, Esq., M.R.C.S.

SARAH ANN C—, aged twelve years, had, for the last two months, complained of feeling sick at times, particularly after meals. On the 5th of August last, she vomited up a large garden slug, which was alive and very active. On the 6th, she brought up two, both alive; and on the night of the 7th she was seized with violent vomiting and relaxation of the bowels, and threw up five more, of various sizes, the smallest two inches long, and all alive.

On the morning of the 8th, when I first saw her, vomiting and purging had ceased, and she complained of great pain in the left region of the stomach, and headache. I gave her opiate powders, which relieved her in every way till the afternoon of the 9th, when she felt something crawling up her throat. This sensation brought on the most violent efforts of vomiting to expel what she felt at the upper part of her throat, and she frequently introduced her fingers to seize what she felt, but did not succeed. I happened to call just when all this suffering was beginning to subside, at which time the sensation was felt lower—about half way between the mouth and the stomach. As expulsion by vomiting seemed hopeless, it occurred to me that ammonia and camphor might destroy the creature, and that the digestive powers of the stomach would do the rest when the animal was dead. The dose was repeated every four hours for two days, and afterwards three times a day for two days more, with entire success. An ape-

rient powder was given every night. After the first dose of the ammonia and camphor, all sensation of movement ceased; and she now appears as well as ever she was.

During the summer she had gone frequently into the garden and eaten freely of its produce, especially of lettuces, of which she was very fond. It appears to me that a family of very young slugs had been feeding on the lettuces, which the child had swallowed with very little mastication, and the gastric juice not being strong enough to act on them when alive, they fed and grew in their new habitation to their usual dimensions. During the time they must have been in the stomach, she was fonder than ever of vegetables and fruits, and would put aside the meat on her plate, and eat the vegetables only.

The three slugs that came up first were not preserved; but, at my request, the five others have been kept alive, and fed on vegetables, which they preferred being cooked, having at first refused to eat them raw. They are now fed on raw vegetables.

Another circumstance connected with my interesting patient is, that she was born without the left hand. During pregnancy the mother was frightened by a porcupine that an organ boy had in the street; and an impression ever after remained on her mind that something would not be right with the child's hand.

Porchester-place, Oxford-square, Sept. 1859.

The Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. GEORGE'S HOSPITAL.

STRANGULATED FEMORAL AND UMBILICAL HERNIA IN WOMEN—THE LAST ASSOCIATED WITH PREGNANCY; HERNIOTOMY SUCCESSFUL IN TWO OUT OF FOUR CASES.

(Under the care of Mr. TATUM and Mr. P. HEWETT.)

THE first three of the following cases were such as are usually met with in women; that is to say, the protruding portion of bowel consisted of a small knuckle, which had passed through the femoral ring. A fatal result ensued in the first and third: in the former, from the hæmorrhage poured out by a branch of the epigastric; in the latter, from the extreme collapse which was present even before an operation was performed. The fourth case was one of umbilical rupture, accompanied by pregnancy, but which did not prevent a good recovery, although there was some difficulty experienced in arresting troublesome hæmorrhage, a peculiarity which was present also in the second case. In all, the sac was opened.

For the notes of these cases we are indebted to Mr. George F. Cooper, surgical registrar to the hospital.

CASE I.—A. T— was admitted, under Mr. Prescott Hewett's care, on the 4th of January, for strangulated femoral hernia. She had had a hernia in the left side for the last six months, but it could be always easily reduced. She never wore a truss. Four days ago, she found she could not return it; sickness soon came on, and has continued since.

On admission, she was in a state of great collapse, having constant stercoraceous vomiting, and acute tenderness over the abdomen and hernial tumour. An operation was immediately performed. The sac was opened, and found to contain a small knuckle of gut, which was much congested, and a small piece of omentum, which was removed; the stricture was very deep and tight. Directly after the operation, the bowels acted very copiously. She was given twenty minims of tincture of opium.

Jan. 7th.—She was a little sick this morning. The tenderness of the abdomen was rather less, though still severe. There was considerable tympanitis. Her tongue was moist, skin