

Appendix to a publication, entitled New inventions and directions for ruptured persons, &c.; &c; : containing a familiar account of the nature of ruptures in both sexes / by W.H.T.

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APPENDIX
TO A PUBLICATION, ENTITLED
NEW
INVENTIONS AND DIRECTIONS
FOR
Ruptured Persons,
&c. &c.;
CONTAINING
A FAMILIAR ACCOUNT
OF THE
NATURE OF RUPTURES,
IN BOTH SEXES.

By W. H. T. Esq.

And recommended to every Ruptured Person as a necessary Companion, to preserve them from the ill Consequences of their Complaint.

London :

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PREFACE

Mons. ARNAUD's Treatise on Herms or Run-
ners, being out of print, and Mr. POTT's admi-
rable Treatise being chiefly for the use of profes-
sional men, it is hoped the following extracts from
those works will benefit society, by disseminating
familiar information on that subject; for there is
nothing more dreadful, than to labour under a
troublesome disorder, perhaps in the most joyous
and active part of life.

A Rheum cannot be prevented, but in general
its consequences may. And probably, the un-
happy death of a late illustrious Duke might have
been prevented, if we had known the exact nature
of his malady, and the means of obtaining a
relief.

APPENDIX TO NEW INVENTIONS,

&c. &c.

LETTER I.

MY DEAR SIR,

I WISH to excite an universal attention to *Hernias* or *Ruptures*, and to diffuse such a general knowledge of this subject, as is absolutely necessary to be known by every one, from the proneness of the human body to such complaints.

The great PERCIVAL POTT, Esq. late Senior Surgeon of St. Bartholomew's Hospital, not only enlightened the profession by his important surgical discoveries, but endeavoured also to give information to ruptured persons how to preserve themselves from the bad effects of "prejudices, of the prevalence of fashion, of tricks, quacks, of dealers in specific medicines and new-in-

“ vented bandages, and of rupture doctors, who
 “ have been largely rewarded when they ought to
 “ have been hanged.”

The world is also highly indebted to Mons. ARNAUD, a French Surgeon, who practised in Paris about seventy years since, for his learned and familiar Treatise on Hernia or Ruptures.

I much admire this author, and shall make many quotations from him, though we *now* must smile at his “ Ptisan,” to cure Ruptures.---Page 161, Take of the roots of dogs-grass, one ounce; of *rupture* wort, two ounces; and of the root of madder, two ounces: boil the whole in six pints of water, reduced to four.

Thank God! the medical mind is now as liberal as is their divine profession of the art of healing.

Our dispensaries are no longer disgraced by such remedies as “the moss of a dead man’s skull,” and gun-shot wounds are now better treated than they were at the siege of Turin, in the year 1536, by the following mode: ---

Two young whelps boiled *alive* in white wine to a jelly.

One pound of earth worms.

Two

Two pounds of oil of lilies.

Six ounces of the terebinth of venice.

One ounce of aqua-vitæ.

Pour the whole burning *hot* into gun-shot wounds.

John de Vigo saw this recipe compounded.---
The late Mr. Grose recited this Anecdote.

Leprosy was once the scourge of mankind, and hospitals were endowed for the cure and maintenance of lepers ; yet now we scarcely know what is meant by such a complaint. The most dreadful complaints have been, and might be removed or alleviated, by human science.

The Small Pox once *unnecessarily* ravaged the earth : but thanks to Lady MARY WORTLEY MONTAGUE, who introduced inoculation ; to BARON DIMSDALE, for practising it, and also for the *cool* mode of treating that complaint ; and to those *noble medical men of the day*, who adopted it : and thanks to Dr. JENNER, for his Vaccine Inoculation. These days of evil are passing by!---And shall Hernia or Rupture yet unnecessarily desolate mankind ? And must the poor ruptured man be forgot, and live miserable, and die wretched ? God forbid ! Surely, Sir, it is worth our while to inquire into the very important position of mine,

“ That during the most laborious exertions, my
 “ instructions * being observed, a reducibly rup-
 “ tured patient in the groin, (the vertebra and
 “ pelvis being naturally formed), may be as free
 “ from *pain or danger*, either from the disease or
 “ the instrument, as if he had no complaint.”

Could I, who am well known in the world, *dare*
 to make these assertions, if untrue? Or, would
 any medical character of consequence and re-
 spectability, have sanctioned such an assertion?
 Were it untrue, I should be exposed to the utmost
 disgrace. What is to be gained by it?

Every feeling heart must deplore the death and
 sufferings of the late illustrious FRANCIS DUKE OF
 BEDFORD. His death was a *national* loss, and can
 only be *nationally* repaired, by its exciting an in-
 vestigation into the *real* nature of Ruptures. To
 his friends, alas! there can be no reparation.
 Every thing was done, that science could do, by
 those highly respectable men who attended his
 Grace: my object is, to prevent the *descent* of a
 Rupture, and its fatal consequences, as preven-
 tion is better than a remedy; and, if his Grace's

* See the author's Essay, entitled “ *New Inventions and
 Directions for Ruptured Persons.*” SECOND EDITION; sold
 by HURST, HATCHARD, and CALLOW, London.

Rupture was *reducible*, and my modes of keeping up a Rupture, had been adopted by him, the *fatal* descent *could not* have happened. I knew of his Grace's complaint, and wish I had done as I intended; which was, to have sent a calico cushion and my book, anonymously; but a foolish delicacy prevented me. Indeed, Hernia or Rupture, has been, is, but I hope will not *long* be, such a scene of imposition, that a man cannot obtain a *general* belief for the hardest assertions. Rupture, like death, does not respect persons.

“ Mors æquo pede pulsat.” HOR.

Even the most illustrious suffer: according to Lord Orford's Letters, Her Majesty Queen Caroline suffered much from, and died of, a Rupture.

The journals of the time state, that Her Majesty Louisa Queen of Denmark, youngest daughter of His Majesty King George the Second, born Dec. 7, 1724, died in the last stage of her pregnancy of a Rupture, Feb. 19, 1757.

Poor Michael Servetus complained in a letter to those cruel Magnificent Lords at Geneva, who brought him to the stake, “ That the pains of his “ Rupture, added to the sufferings of his confine “ ment.”

The

The late eloquent historian, Mr. Gibbon, suffered, and I believe died, in consequence of his Rupture, and his supine neglect of it. That a man of his sense should neglect himself, almost makes one suppose, there is something in Hernia, that paralyses the human mind.

A physician of the first-rate science, a few years since, carelessly left off his navel truss, and died of a strangulated Hernia. I must not blame in others that idle conduct I have been guilty of myself.

Jean Jaques Rousseau was also a fellow-sufferer.

In his family, who were respectable farmers, in the county of Kent, Mr. L—— informed me of the following dreadful events: His mother died of a Rupture, as likewise his uncle and his sister; his brother has the same complaint; and Mr. L—— himself, who suffered twenty years from the usual application of Trusses, is now completely comfortable by the *new mode*.

Indeed, Mons. Arnaud positively thinks, that *one* person in eight labours under this complaint; others say, that a tenth, sixteenth, or a twentieth part of the human race is troubled with Hernias: either calculation enumerates a dreadful proportion!

In my first Treatise, entitled "*New Directions, &c.*" I have pointed out the mode of *certainly* keeping up Ruptures in the groin, under any exertion; and now with laudable *impartiality* will point out *substantial* reasons why this mode should *not* be adopted:

First. Because it is a new and a very extraordinary circumstance.

Secondly. Because it is not expensive, costing only about one shilling.

Thirdly. Because it will injure the past and future interests of speculating patentees.

Fourthly. Because it consists only of simple, self-evident, mechanism.

Fifthly. Because it will enable ruptured paupers to get their bread, and to remove their families from the work-house, and so lower the poor's rates.

Sixthly. Because it will make the ruptured negroes perform their labour more happily.

Seventhly. Because it will double the value of these ruptured negroes to the West-India planter, and enrich him by saving their lives.

Eighthly. Because our grandmothers did not know of this mode.

Ninthly. Because it will lessen the frequency of that dreadful, but difficult operation, for a strangulated Hernia.

Tenthly. Because the pride, private interests, and prejudices, of some few men, will be hurt by its adoption.

Eleventhly. Because it will increase population, by saving men's lives.

Twelfthly. Because that tyrant custom would be trampled on.

To be serious, Sir, let us examine into the causes or the misery, of the ruptured. It is NOT the COMPLAINT that is so dreadful, unless a strangulation takes place in the first descent; but our mode of treating it, and our neglects, create the misery: another cause is, the separate interests of others, "*caveat emptor*." "Let the buyer beware," is a sage maxim, on all occasions, and particularly necessary in buying a truss: it is the cheapest, safest, and best way, in the first instance, to apply to a gentleman of the faculty of character, and the only one to be delivered from our thralldom. Men of liberal education are generally liberal.

My instructions are plain enough for any person to make use of them. As to patentees, the use of the calico cushion will lessen the dangers of some of their inventions: but you will say, "Sir, all this is very arrogant, very assuming. Is there no way, Sir, to keep up Ruptures, but your's"?—I answer, there is no other way to do it with *certainty*, for the following series of truisms:

That if an aperture, or hole, is to be stopped up, the hole is not stopped, *when* the substance applied thereto, removes from it.

That if you cannot press close or tight enough on this hole to stop it, because a tender substance, (the spermatic vessels) are near it, then that tender substance must be protected by something soft, (the calico cushion.)

That a substance of pressure cannot *fasten* on the hole, if the lines of action of the bandage and its straps be not *correct* to fasten it thereon.

I therefore, Sir, take the liberty of saying, my mode alone is right; because, in mechanical actions, there is *only* a *right* and a *wrong*. If you lift up the *bottom* part of a substance, laterally

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applied

applied to a hole—Does not the substance contained therein run out, whether intestine, caul, quicksilver, water, or any substance whatever? And I boldly say, the bottom part of the pad can only be kept on the hole, by a strap fixed to the hoop to draw it down, and a buckle on the pad, when the belly lifts it up. You see, Sir, natural and obvious mechanism in the construction and in the mode of wearing the truss, is the basis of my improvement. I bring no nostrum or juggle before the world.

Some gentlemen have reasonably thought, that patients would be bound up so, that they could not move. Patients invariably think, till they try, they are fettered so that they cannot move. The fact is the very reverse. The instrument, in my way, binds only the pad part *on* the hole; the old mode bound where it ought not, not where it should.

I humbly recommend gentlemen of curiosity, and those who apply trusses, whether ruptured or not, to wear a truss a short time by way of experiment; then the difference of the old and new mode will appear self-evident to them.

Having now, I hope, in a great measure annihilated

hilated the consequences of Rupture, and produced a new æra in the state of man, we will attempt to give a useful account of Ruptures, chiefly extracted from Mr. POTT's and Mons. ARNAUD's Treatises.

illustrated the consequences of neglect, and also
showed a new way in the state of mind, we will
attempt to give a useful account of the same.
chiefly extracted from Mr. Fox's and Mr. Jones's
works.

LETTER II.

IGNORANCE is the fountain of human misery, therefore, Sir, let us inquire what is meant by a RUPTURE or HERNIA.

“By the term Rupture, Descent, or Hernia, is in general meant a swelling, produced by the falling down, or protrusion of, some part or parts, which ought naturally to be contained within the cavity of the belly*.

“The places in which these swellings make their appearance, in order to form what is called a RUPTURE, are the groin, *labia pudendi*, the upper and fore-part of the thigh, and every part of the anterior, or front part of the abdomen or belly.

“The parts, which by being thrust forth from

* Mr. Pott.

the cavity, in which they ought naturally to remain, and which form these tumours, are a portion of the omentum, a part of the intestinal canal, (that is, a part of the bowels), and sometimes, (though very rarely), the stomach.

“ From these two circumstances of situation and contents, are derived all the different appellations by which Hernia are distinguished: for example, they are called inguinal, scrotal, femoral, umbilical, and ventral, as they happen to make their appearance in the groin, cod, thigh, navel, or belly.

“ If a portion of intestine only forms it, it is called Gut Rupture; if a piece of omentum only, Caul Rupture; and if both intestine and caul contribute mutually to the formation of the tumour, it is called Compound Rupture: if the piece of gut or caul descends no lower than the groin, it is said to be incomplete; if the scrotum be occupied by either of them, the Rupture is said to be complete.

“ Both the scrotal and femoral pass into the thigh out from the abdomen, (or belly), by openings, which are natural to every human body; as well

well those who have not Ruptures, as those who have *".

As these extracts are intended only for those who require common information, I think it is not necessary to follow Mr. POTT through all his anatomical researches, but only observe "The former Rupture, that is, the *scrotal*, descends by means of an aperture in the tendon of the external oblique muscle near the groin, designed for the passage of the spermatic vessels in men, and the ligamenta uteri, in women; and the latter, under the hollow, made by Poupart's, or Fallopius' ligament, at the upper part of the thigh, along with the great crural vein and artery †.

"The ligament of Fallopius is in the lower border of the tendon of the external oblique muscle of the belly, stretched from the fore-part of the os ileum, or haunch bone, to the pubis.

"The pair of muscles, called the oblique external ascending, cover all that part of the belly which is without bone, &c. They are fleshy on the sides, and tendinous in the middle and lower part; they spring from the seventh and eighth

* Mr. Pott.

† Ibid.

ribs, and are inserted into what is called the linea alba, the spine of the os ileum, and into the os pubis. At the lower part of the belly, on each side, a little above the last mentioned bone, the fibres of the tendon of this muscle separate from each other, and form thereby two apertures, through which pass the spermatic vessels in men, and the ligamenta uteri in women. These openings are of an oval figure, &c. and are of a larger size in men than women.

“ The inside of these muscles, and indeed the whole cavity of the belly, is lined with a smooth, firm, but easy dilatable membrane, called the peritonæum : I shall only observe it lines the whole abdomen, and gives an external coat to every viscous contained in it.

“ Behind the peritonæum is a loose cellular membrane, by some called its appendix, which is found in different quantities, in different places. This cellular membrane, void of fat, surrounding the spermatic vessels, as they pass forth from the cavity of the abdomen into the groin, is called the tunica vaginalis of the chord; which chord descends through the groin, to the testis.

“ The tunica vaginalis testis, is a membrane
per-

fectly distinct from this tunica vaginalis of the chord.

“ Let us remember the weakest part of the membrane, called peritonæum, is *opposite* to the natural *opening* in the tendon of the external oblique muscle, and that the acknowledged use of the muscles of the abdomen, (or belly), is by pressing on all its contained viscera to assist digestion, the expulsion of the fæces, urine and foetus, and that in many natural actions, such as sneezing, coughing, &c. and in all great exertions of strength and force, our erect posture must necessarily occasion a pressure to be made against the lower part of the inside of the belly, by some of its contents; a very probable and satisfactory account of the origin of the common inguinal, (in the groin), and scrotal Rupture, may be collected.

“ In young children this descent or protrusion happens most frequently when the child strains in crying, &c.; as soon as the effort ceases, and the child is quiet, the part generally returns up again, and the swelling disappears. The nurses call it wind; and it is, at first, frequently neglected, as the child is not apparently injured by it, and few people are aware of its possible consequences.

“Adults are attacked by this complaint, either by falls, strains, great exertion of strength, difficulty of expelling hard fæces, or a general laxity of frame.

“Whether the Rupture be inguinal, scrotal, or femoral, and whether it consists of intestine or omentum, or both, the protruded part must carry before it a part of the membrane which lines all the internal surface of the abdominal muscles, or rather the whole cavity of the abdomen; and is called, peritonæum. This portion of the peritonæum, including the piece of gut or caul, is known by the name of the *hernial sac*, and is larger, or smaller, according to the quantity of intestine or omentum contained in it.

“The signs, or marks, of a common inguinal, or scrotal Rupture are, in general, a swelling in the upper part of the scrotum, or in the groin, which tumour has a different appearance, and different feel, according to the nature of its contents, and to the state and quantity of them; if a portion of intestine forms it, and that portion be small, the tumour is small in proportion: but though small, yet if the gut be distended with wind, inflamed, or have any degree of stricture made on it, it will be tense, resist the impression

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of the finger, and give pain on being handled. On the contrary, if there be no stricture made by the tendon, and the intestine suffers no degree of inflammation, let the prolapsed piece be of what length it may, and the tumour of whatever size, yet the tension will be little, and no pain will attend the handling it: upon the patient's coughing, it will feel as if it was blown into, and in general it will be found very easy returnable.

“ If the Hernia be of the omental kind, the tumour has a more flabby, and a more unequal feel; and if the quantity be large, and the patient adult, it is, in some measure, distinguishable by its weight.

“ If it consists of both intestine and omentum, the characteristic marks will be less clear than in either of the simple cases.

“ The only diseases with which a true Hernia can be confounded are, the venereal buboe, the hydrocele, and that defluxion on the testicle, called “Hernia humoralis”.

“ It is to be observed, that the same kind of Rupture, in different people, and under different circumstances, wears a very various face.

“ If the subject be an infant, the case is not attended with much difficulty; the softness of their fibres generally rendering the reduction easy, as well as their descent.

“ If the patient be adult, and in the vigour of life, the consequences of neglect, or mal-treatment, are more to be feared than at any other time, for reasons, too obvious to need relating. The great and principal mischief to be apprehended in an intestinal Hernia, is an inflammation of the gut, and an obstruction to the passage of the aliment and fæces through it.

“ If the disease be recent, and the patient young, immediate reduction, and constant care to prevent its pushing out again, are the only means whereby it is possible to obtain a perfect cure.

“ Though the portion of caul should remain uninjured in the scrotum, yet it renders the patient liable to hazard from another quarter; it makes it, every moment, possible for a piece of intestine to slip into the same sac, and thereby add to the case all the trouble, and all the danger, arising from an intestinal Rupture.

“ The *smaller* the portion is, of the gut which
is

is engaged, the tighter the tendon binds, and the more hazardous is the consequence. I have seen a fatal gangrene in a bubonacele, which had not been formed forty-eight hours, and in which the piece of intestine was little more than half an inch.

Upon the whole, every thing considered, it may be said, that an intestinal Rupture is subject to worse symptoms, and a greater degree of hazard, than an omental one; though the latter is by no means so void of either, as it is commonly supposed to be. That bad symptoms are more likely to attend a recent Rupture, than one of an ancient date; that the descent of a very small piece of intestine is more hazardous, than that of a larger; that the Hernia, which consists of gut only, is, in general, attended with worse consequences, than that, which is made up of both gut and caul: and that no true judgment can be formed, of any at all, unless every circumstance relating to it be taken into consideration*."

I have, Sir, made quotations from Mr. POTT, on Ruptures in the groin and scrotal Hernias; and will consider femoral Ruptures, which receives its name from its situation, the tumor occasioned

* Mr. Pott.

by it being in the upper and fore-part of the thigh. "To understand rightly the nature and situation of a crural or femoral Rupture, it is necessary to attend to the anatomical structure and disposition of the oblique descending muscle of the abdomen. Whoever does this will find, that that part of it which runs obliquely downward from the spine of the os ileum, towards the symphysis of the os pubis, is tucked down, and folded inward, as it were. This edge or border, so folded in, is called Poupart's or Fallopius's ligament, as if it was a distinct and separate body, but is really no more than the inferior border of the tendon of the oblique muscle. In all the space between these two attachments, this tendon is loose and unconnected with any bone; all the hollow, which is made by the form of the os ilion, between the point of the attachment of the ligament, or tendon to that bone, and its other connection at the os pubis, is filled up by cellular membrane, fat, and glands, which parts are covered, and braced down, by a fine tendinous expansion, communicating between the tendon of the obliquus descendens abdominis and the fascia lata of the thigh.

"Under this tendon, or ligament, the parts composing a Hernia pass, and produce a tumour, on the
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the upper and fore-part of the thigh. The sac is generally described as passing over the crural artery and vein, which are said to lie immediately behind it; but whoever will examine the state of these parts in a dead subject, will find that this is not a true representation: the descent is made on one side of these vessels, nearer to the os pubis; and the hernial sac, if it be not greatly distended, lies between the crural vessels, and the last-mentioned bone, on which it rests*.

The truss, applied as usual, in the groin, will generally prevent a descent into the thigh, by compressing the border of the oblique muscle.

The umbilical or navel Rupture, I now consider, is so called from its situation; and has, like the other, for its general contents, a portion of intestine, or omentum, or both.

“ Infants are very subject to this disease, in a small degree, from the separation of the funiculus, (or navel chord); but in general they either get rid of it as they gather strength, or are easily cured by wearing a bandage. It is of more consequence to get this disorder cured in females, even than in

in males, that its return, when they are become adult and pregnant, may be prevented as much as possible. During gestation it is often very troublesome; but after delivery, if the contents have contracted no adhesion, they will often return, and may be kept in their place by a bandage*."

I will now consider the ventral Hernia, which, as Mr. Pott says, "may appear in almost any point of the fore-part of the belly, but is most frequently found in or between the recti-muscles. The portion of intestine, &c. is always contained in a sac, made by the protrusion of the peritonæum; when reduced, it should be kept in its place by a bandage, and if attended with stricture, which cannot otherwise be relieved, must be carefully divided†"—by a surgical operation.

I have now, Sir, quoted from Mr. POTT, a plain account of Ruptures. The *inguinal, scrotal, femoral, umbilical, and ventral Rupture*; to each of which, a palliative cure or suspension of its dreadful effects, may be applied. As to a radical cure, Mr. POTT's opinion has been sufficiently cited.—He says, "that to replace the prolapsed body or bodies within the cavity of the belly, and to prevent their falling out again, by means of a pro-

* Mr. Pott. † Ibid.

per bandage, is all that the art of surgery is capable of doing in this disease."

"The congenial Hernia, viz. that in which the intestine or omentum is found in the same cavity, and in *contact*, with the testis, is a species of Rupture much more rare than the kinds of Rupture hitherto described*." This Hernia is peculiar to MALE subjects; and always happens a short time after birth, or when the testis descends into the scrotum. By much the most common Rupture in FEMALES, is that called *femoral* or *crural*, from its situation in the fore-part of the thigh, under Poupart's ligament.

* Mr. Pott.

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LETTER III.

HAVING now, Sir, quoted from Mr. POTT, every information as to the nature of Ruptures, and the mode of treating them, I will now inquire, why Rupture has been such a source of human misery. The peritonæum being either dilated, protruded, or adhering, the opening through which the bowel passes must be stopped by artificial means, viz. an instrument, called a truss. It is from the usual construction and application of this instrument, that its inefficiency produces so much misery and death. In cases which are reducible*, neither calamity need be the consequence.

Another cause of calamity, is an irreducible Rupture, which sometimes cannot be avoided: but Mr. POTT says, "*many, or most of these irreducible Ruptures, become so, by mere time and*

* See my Essay, entitled "*New Inventions and Directions for Ruptured Persons, teaching them the Art of effectually keeping up inguinal and scrotal Ruptures.*"

neglect, and might at first have been returned ; but when they are got into this state, they are capable of no relief from surgery, but the application of a suspensory bag, to take off or lessen the inconvenience arising from the weight of the scrotum."

What is meant by a strangulated or incarcerated Rupture is, that the intestine or caul, &c. is compressed at its upper part, so as to threaten a mortification, and cannot be returned into the cavity of the belly: it is constricted and bound in the aperture.

Mr. ARNAUD thus describes the consecutive symptoms of a strangulation:

"These symptoms are to be considered in their beginning, in their augmentation, in their decline. In the beginning the patient instantaneously feels an intense pain, in the part of the abdomen where the intestine is strangulated.

"In the augmentation, this pain spreads by little and little, but by intervals, through all the extent of the belly. In proportion as these pains augment, they are called gripes: the patient has a desire to vomit, which terminates in a copious discharge of thick and glaucous saliva; vomitings succeed the nauseas, and the discharge of saliva.

"The

The first substance the patient vomits, is his food, if he has any in his stomach; and some time after, he vomits pure bile; the excrements and wind are then discharged by the mouth only, with great pain; then the abdomen is inflated, and extended to the last degree, and a fever comes on, and also an hickup and convulsive spasms.

"In the decline, the pulse becomes intermittent; the patient vomits without efforts; the wind is sometimes discharged downwards; the abdomen becomes flat, and the extremities turn cold. The nose is pinched, and the eyes are fixed and staring: then death approaching, the parts fall totally into a mortification; the gripes, the vomiting, and the hickup cease; the Hernia becomes soft, the abdomen collapses or falls, and the patient dies in a miserable condition, without any possibility of affording him the smallest relief."

As to the operation for a strangulated Hernia, I need not take up your time on that subject, as it concerns only professional men; but the moment a strangulation is suspected to have taken place, the patient should go to bed, and send for a surgeon. A few hours hesitation or delay may be fatal in its consequence!

My first publication describes what a truss
ought

ought to be, and accords totally with Mr. POTT's ideas, who says, "It can hardly be necessary to say, that the surgeon should be careful to see that the truss fits, as his success and reputation depend on such care. A truss which does *not** press ENOUGH, is worse than none at all, as it occasions loss of time, and deceives the patient or his friends; and one which presses *too much*†, or on an improper part, gives pain and trouble, by producing an inflammation and swelling of the spermatic chord, and sometimes of the testicle."

I hope, Sir, these familiar extracts will be of use to ruptured persons.

W. H. T.

* Can a truss, put on obliquely, press *enough*?—Twenty-five years melancholy experience tells me NO.

† Horrid bars of iron, all in one piece, bruising the intestines and loins, &c. &c. which is a very gothic fashion, lately revived:

ADDENDA

ADDENDA

TO THE

“*NEW INVENTIONS, &c*”.

CHAPTER IX.—“*On the permanent Cure of Ruptures,*” add,

A curer of Ruptures asked a friend of mine one hundred guineas to cure his complaint; he was to lay in bed six weeks, and live chiefly on one diet: fortunately, the patient knew too much of the world to do as he was desired—“pay before hand”; and after all, his complaint was not of the true rupture kind, as had been erroneously supposed.

The following Cases, among many, I could prove on Oath:

—— Washerwoman: her truss was unbearably applied in the usual way, and was both painful

ful and useless—a truss was applied on my plan: she says she does not now feel her Rupture on any occasion, when the truss is on; she carries pails of water up and down stairs with ease, and without pain;—she has been examined by some gentlemen of the faculty, who nobly, and immediately, adopted the improvements: the fact is also known to a board of gentlemen of the highest fortune and respectability.

In answer to the declarations “that it won’t do”, and all the CONSPIRACIES against the improvements that interest can suggest, take the following case:

A. B. complained to his surgeon, the truss did not keep up his Rupture, though applied in our new way. I desired to see this man, in the presence of his surgeon: the truss was fixed; he was desired to jump off the edge of a sofa, three feet from the ground, as hard as he could; he did: I desired his surgeon to examine if there was any descent, there was none: he then *ran* violently to the top of the house, jumped down six stairs at a time; a fresh examination took place, and there was no descent. We had reasons for thinking he had been tampered with. Now this man says, (being driven from every resource), it comes down

down when the bowels are emptied—It cannot be; for the more the belly presses forward, the more the truss pulls against it. In a mechanical operation, what succeeds one moment must succeed another.

All trusses should be applied while the patient is in a supine posture; much harm may ensue from the application, when standing up.

I wanted no conviction or proof of the utility and necessity of using the calico cushion, which is to be placed under the pad of the truss; for in a mechanical action, what succeeds one day must succeed another; but I desire to repeat, that very lately at a public Dispensary a surgeon applied this cushion to a ruptured patient, whose truss, without it, was useless and painful, and the Rupture then kept up comfortably.

POSTSCRIPT. Those truss-makers who condescend to look at the trusses, which my publisher's have the kindness to the world to take the trouble of exhibiting, will please to observe,---The front and back straps are placed about one inch backward than usual: on such correct attention, the stability of the truss over the aperture depends.

THE END.

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