

**Chirurgical observations relative to the cataract, the polypus of the nose, the cancer of the scrotum, the different kinds of ruptures, and the mortification of the toes and feet / [Percivall Pott].**

**Contributors**

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C H I R U R G I C A L

O B S E R V A T I O N S

SOCIETY OF LONDON. MEDICAL

RELATIVE TO

The CATARACT,

The POLYPUS of the NOSE,

The CANCER of the SCROTUM,

The DIFFERENT KINDS of RUPTURES,

A N D

The MORTIFICATION of the TOES and FEET,

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BY PERCIVALL POTT, F.R.S.  
Surgeon to St. BARTHOLOMEW'S-HOSPITAL.

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L O N D O N,

Printed, by T. J. CARNEGIE,  
For L. HAWES, W. CLARKE, and R. COLLINS,  
in Pater-noster Row. M DCC. LXXV.

CHIRURGICAL

OPERATIONS

BY J. C. HARRIS

THE CHIRURGEON

TO THE HOSPITAL OF THE ROYAL  
THE CHIRURGEON OF THE ROYAL  
THE CHIRURGEON OF THE ROYAL  
THE CHIRURGEON OF THE ROYAL  
THE CHIRURGEON OF THE ROYAL  
THE CHIRURGEON OF THE ROYAL

BY REV. J. C. HARRIS

CHIRURGEON OF THE ROYAL  
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CHIRURGEON OF THE ROYAL

LONDON

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## P R E F A C E.

**T**H E FIRST of the following tracts contains some remarks on a disease, to which persons of every rank and condition are liable ; and by which they are rendered truly unhappy.

From an unpardonable indolence, or an equally blameable timidity, it has been too much the custom in this country, to leave the management of this complaint to pretenders, and itinerants, some of whom have been, in some degree, acquainted with the organ and its diseases, others most grossly ignorant of both ; consequently the benefits, and the misfortunes, which have attended their undertakings have been various. With these I have nothing to do ; but cannot help taking

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the liberty to observe, that until the profession in general have made themselves capable of being essentially serviceable to mankind in this point, they must not be surprized that the unfortunate and unknowing give credit to fair promises.

What I shall, in the following pages, advance, regarding the cataract, is not the consequence of a mere desire to write, but arises from a conviction founded on frequently-repeated experience, that we have, within a few years past, reprobated an operation which, in proper hands, is capable of producing great good, and have substituted in its place another, which though perhaps right and useful, in some particular instances, has, by being too generally practised, occasioned much mischief.

I should be sorry to have what I say misunderstood: I do by no means intend either to praise or blame indiscriminately:

minately: I think that each operation has its merit: but I also think, and know, that we have almost laid aside one, for reasons which are not founded in truth; and that we have rather hastily patronized and practised the other, without duly attending to its very frequent ill-consequences.

The SECOND tract regards a disease which is mentioned, indeed, in most books of surgery, but in general not in such manner as to enable a young practitioner to form a proper judgment of it. By some, it is passed over so slightly, that an ignorant reader might be induced to suppose that it could never occasion much trouble or hazard: by others, it is regarded merely as requiring a chirurgic operation, to the performance of which their whole attention is paid; while, both by the one and the other, the material circumstances of the disease are overlooked, and no rules laid down

whereby to determine on the propriety or impropriety of any chirurgic attempt whatever.

The subject of the THIRD has not, (at least to my knowledge) been publicly noticed.

All who have the care of hospitals in this town know, that the chimney-sweeper's cancer is as real, and as peculiar a distemper as any of the morbi artificum; and a very melancholy consideration it is to those who are necessarily in the way of being liable to it.

The FOURTH is the result of a custom which I have many years practised; that of making memoranda of whatever appeared to me to be either unusual in itself, or attended with any singularity of circumstances.

The FIFTH is on a disease, which has so generally foiled all the attempts of  
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art, as to be by many reckoned among those which are out of its reach. This truth, though sometimes undeniable, is always acknowledged with reluctance; and reasons, good or bad, are therefore always sought for, and given, for our disappointment. In the present case, a defect of circulation, an ossification of vessels, a want or depravity of the nervous fluid, with some other conjectures, equally ingenious, whimsical and groundless, are offered. Whatever may be the original cause of the mortification of the toes and feet, certain it is, that acute pain is one of its first and most constant symptoms; and as certain it is, that while such pain continues, no stop is, or can be, put to the progress of the distemper. The ideas of defective circulation, want of sensibility in the nerves, of malignity, putrefaction, &c. have, in my opinion, misled us from a proper consideration of this destructive malady, and have put us on  
a plan

a plan of practice, which, as far as it relates to externals, seems to me to be opposite to that which ought to be pursued, and to render the disease more intractable, and more certainly fatal. Instead of cooling, we endeavour to excite heat; and when the parts, which yet retain life and sensation, are in such state as to be most liable to, and susceptible of irritation, we apply to them hot, pungent oils, balsams, and tinctures, and wrap them up in cataplasms made of such ingredients as are more calculated to answer the purpose of stimulating, than of appeasing.

In short, I cannot help thinking, that we have, in this case, done what our forefathers did in that of wounds made by gun-shot; that is, we have formed conjectures, concerning the nature of the distemper, which are not true, and then have built a practice on these erroneous guesses. The strange notions which our ancestors entertained

tained concerning the effects of fire, the poison of gun-powder, the malignity, and the putrifactive disposition of gun-shot wounds, led them to overlook the obvious, and necessary effects of a high degree of contusion and laceration, and induced them to have recourse to such means, as tho' perfectly agreeable to their theory, necessarily increased the pain, the inflammation, and the irritation which they should have endeavoured to soothe and appease.

What the consequence of their treatment too frequently was, themselves have told us ; what that of attending more to the true nature of the case, and of acting from such consideration has been, our soldiers and sailors have of late years happily experienced.

Perhaps some of the cases which I have related, in the FOURTH tract, may not appear to others, to be so worthy of notice as they did to me. Some of them,

them, I cannot help thinking, may deserve the attention of the younger part of the profession, to whose information I wish to contribute.

Diseases have, it is true, in general, a sort of regularity and order, a series of causes and events, by which they are known and distinguished, yet we do now and then meet with such odd irregularities, such strange and unusual consequences, as puzzle and alarm even the soundest judgment, and the longest experience; and unless these be noted, the history of distempers will be imperfect.

From writers of systems and institutes, (of surgery at least) such kind of knowledge is not to be expected. They are most frequently mere compilers, and do little more than copy each other. The information which they convey, is at best but superficial, and much more calculated to enable a man to talk, than either to judge or to act. It must be from a careful attention

tion to the cases of individuals, and from an observation of diseases, in their irregular and infrequent forms, as well as their more customary ones, that true and extensive judgment can be acquired.

If, therefore, a faithful relation of these less-usual circumstances and appearances, both in the living and in the dead, was more frequently made, it might be productive of no small improvement: it would not be confined to the adding a few anomalous, excentric cases to our books, tending to excite our admiration only, but might be made to serve a much more valuable purpose; it might guard us against too hastily determining in cases of real, or of seeming obscurity, and might prevent us, now and then, from supposing things to be incapable of being accounted for, merely because we have not yet learned how to account for them; it might perhaps lessen our faith in general doctrines

trines and theories, but it would render us more attentive to facts, and thereby furnish us with a much more useful kind of knowledge.

Perhaps also, upon a more close and frequent examination, we might find, that some of these very cases are neither so rare, nor so intractable as we have hitherto believed them to be. But be that as it may, certain it is, that from such inquiry, we should at least get one kind of information---we should be furnished with good and satisfactory reasons, why our best attempts so frequently fail: I say satisfactory, because I cannot help thinking, that next to the pleasure of being able to relieve the distresses of mankind, is the satisfaction of knowing that it was not in our power so to do.

Many and great are the improvements which the chirurgic art has received within these last fifty years; and much thanks are due to those who have contributed to them: but when  
we

we reflect how much still remains to be done, it should rather excite our industry than inflame our vanity.

Our fathers thought themselves a great deal nearer to perfection than we have found them to be; and I am much mistaken, if our successors do not, in more instances than one, wonder both at our inattention, and our ignorance. Notwithstanding all our late real improvements, there is still ample room to exercise all the powers of many succeeding artists, and to furnish them with large opportunity of acquiring honour to themselves, and of doing much praise-worthy service to mankind: the art is still defective, and the words of Seneca are still, in some degree, as true as when he wrote them “ Multum  
 “ adhuc restat operis, multumque  
 “ restabit; nec ulli nato post mille  
 “ secula præcludetur occasio aliquid  
 “ adhuc adjiciendi.”



( ix )

*THE contents of the following pages have lain by me some time, and it is most probable, that I should not have deemed them worthy of a separate publication : but Mess. H A W E S and Co. my Booksellers, intending soon to put all that I have hitherto written, into one volume, quarto, I thought I might as well add these papers. For the accommodation, therefore, of those who are already possessed of the octavo edition, I have ordered them to be printed in this size.*



# REMARKS

ON THE

# CATARACT.

Notwithstanding the variety of operations and processes, which for the relief or cure of this disease, are to be found in almost all the books of our forefathers, yet it is very certain that, until within these last fifty years, neither the state, nature, nor seat of it, were truly known; at least not to the practitioners of surgery.

Wild and various were the conjectures concerning it : it was by some said to be a distemper of the vitreous humour ; by others of the aqueous ; by some it was thought to be a condensation of earthy particles ; by others a membranous film : it was said by some to be anterior, by others, posterior, to the pupil ; it was often confounded with the gutta serena, and sometimes even with an opacity of the cornea.

Accident, one great source of many an useful discovery both in physic and surgery, first proved it to be a distemper of the corpus crystallinum ; to be in general absolutely confined to it, and to consist of a greater or less degree of opacity : and now, as is usual in all such cases, we are convinced, that all the attempts, and all the operations, which ever were made, or practised to any good purpose, either for its relief, or its cure, could be successful only as they affected that body.

From

From the knowledge of its seat, and of one of the principal circumstances of its nature, we have been enabled to direct our attempts more rationally, and to act with a greater degree of precision and satisfaction; but still from all I have been able to collect, either from books or from practitioners, there are some material circumstances relative to the disease, which are not rightly, at least not generally understood; some remains of the old doctrine still continue to influence both our opinion and practice; some things are taken for granted which are by no means true; and practical inferences are drawn from others, which are not admissible. Whether an attempt to set some of these in a clearer light, will or ought to be attended with any alteration in the treatment of the distemper, must be left to others to determine: I shall content myself with relating, as briefly as I can, some few particulars which appear to me to deserve attention.

One general opinion among our ancestors was, that every cataract had its seasons; was at one time immature or unripe, at another mature or ripe; and that the term unripe, necessarily implied a soft, that of ripe, a hard or firm state of the crystalline.

The opinion was a necessary consequence of the theory then most frequently embraced, and was therefore generally credited; and, as very often happens with regard to preconceived notions, it was thought to be confirmed by facts.

This doctrine has, it is true, been contradicted by some of our best modern practitioners; but still it not only remains the opinion of many, but has a very considerable share in determining the preference supposed to be due to one method of operating over another.

The

The terms imply, and are generally understood to mean, that every cataract is at first soft, through its whole substance; and that by degrees, in more or less time, it becomes hard and firm, or at least harder and firmer than the natural crystalline: which latter circumstance is by no means true, either necessarily or even generally. I will not say that it never is; but I can venture to affirm, that it most frequently is not. Some of our remote ancestors borrowed their ideas, on this subject, from the kernels of fruits; to which they have indeed compared the cataract: but the notions of ripe, and unripe, have remained with many who were aware of the exceeding absurdity of the comparison.

If this was a merely speculative point, it would be a matter of very little importance; but as a practical inference is drawn from it, that the early, or supposed unripe state is an improper one for an operation, and that therefore a patient should wait for

a later or ripe one, it becomes a matter of considerable consequence to such person whether he shall, or shall not continue blind all that very uncertain space of time. Neither is this all, material as it may seem, for the same doctrine implies, that the first degree or appearance of obscurity, however soft the crystalline may then be, will certainly be followed by an induration of it; or, in other words, that the crystalline is first rendered soft merely and only to become hard afterwards: that the same first, or soft, state is not proper for an operation, because it would necessarily render it unsuccessful; and that an increased degree of opacity, and obscurity, may, in general, be regarded as marks of increased firmness: not one of which is true.

The natural, sound, transparent crystalline, is very far from being uniform in its consistence through its whole substance: its external part is much softer, and more gelatinous, than its internal: which therefore, although equally transparent, may be  
said

said to form a kind of nucleus, and is always of much firmer texture.\* From this found and natural state, it is capable of several morbid alterations: it is capable of being dissolved, or of becoming fluid without losing any thing of its transparency:† it

\* If this known difference of consistence, between the external and internal parts of the crystalline, was duly attended to, it would solve many of the appearances in cataracts; which, for want of such attention, are either not accounted for, or very absurdly. Among other phænomena, it would account for the very different colour which the different parts of the same cataract frequently bear; and which has furnished the wildest conjectures.

† It has been supposed, by very good anatomists, that the human crystalline has sometimes, between its surface and its capsula, a small quantity of fine pellucid lymph; and consequently that there is no immediate connection between that body and its investing membrane. In many beasts, as well as fishes, this is known to be the case; but whether it be so in the human eye, is not very easy to be known during life; but that this is the case, sometimes from distemper, I have no doubt: I mean that the whole crystalline is dissolved into a fluid, still preserving its transparency. This kind of alteration, as I take it, forms, what is by

it is capable of being dissolved into an apparently uniform fluid of a gelatinous kind of consistence, but which will be more or less opake through the whole ; it sometimes becomes opake while it undergoes a partial kind of dissolution, which leaves, or renders the different parts of it, of very different degrees of consistence ; and it now and then, though very rarely, becomes opake through its whole substance, and yet preserves its natural degree of firmness.\*

Whenever the crystalline becomes softer than it should be, or tends towards such state, it is certainly distempered, and unfit for perfect vision, whether it be opake or not, or whatever its degree of opacity may be : but whoever supposes that such softened

some called, one species of the gutta serena ; by others, the black cataract.

\* From this variety of alteration, which the crystalline is capable of undergoing, proceed that variety of appearance which our ancestors have called so many different kinds of cataracts,

tened and opaque crystalline will necessarily, or even frequently, acquire firmness, or become hard by time, is exceedingly mistaken. Opacity, though now and then accompanied by what is called induration, is no proof of it, nor of any tendency towards it; so far from it that some of the most dissolved or fluid cataracts, and which have been so for the greatest length of time, are found full as opaque as the most firm ones.

Whoever has an opportunity of observing this distemper, and will embrace it, will find that cataracts, which have, in a length of time, gone through all those alterations of colour, which are said to indicate unripeness, and ripeness, are often as perfectly soft as they ever could have been; and, on the other hand, will sometimes find them what is called firm or hard very soon after the first appearance of obscurity. That is, to speak more truly, as well as more properly, the former, having been at first dissolved, have remained in the same state of dissolution;

dissolution ; and the latter, having been at first only partially softened, have been found in the same unequal state, with a firm nucleus.\*

When, therefore, I make use of the term induration, I do it in compliance with the common method of speaking ; and not because I think that it conveys, by any means an adequate idea of the real alteration made in the state of the crystalline ; far from it ; it neither conveys an idea of the nature, nor of the extent of such alteration ; with regard to the former, the  
term

\* For this there is no possibility of accounting rationally, but by having recourse to the natural state of the crystalline, with regard to the different consistence of its different parts. This will account for the alterations to which it is liable from time, accident, or distemper ; this will show why there is no uniformly and universally hard cataract ; why, in all of them, the softest part is always on the surface ; why, even in the hardest, the central part is always the most firm ; and why the external and internal parts of the same cataract, are so often so different from each other in colour.

term induration can, with propriety, be used only in opposition to a perfect or general distempered dissolution, by much the majority of what are called firm cataracts, being much less firm than the same crystalline was before such alteration; and with regard to the latter circumstance, the extent of the mischief, it is subject to the greatest degree of uncertainty; being seldom or never an induration of the whole body, but most frequently a firmish kind of nucleus, of greater or less size, contained within more or less of a gelatinous, or softer kind of substance: so that the nucleus is called firm only in opposition to what envelopes it.

In short, if we would think and speak of this matter as it really is (or as it appears to me to be) instead of using the terms soft and hard in opposition to each other, and as implying different effects either of time or of distemper on the crystalline, we should say that dissolution or softening, in some degree, is by much the most common

mon effect : That, except in some few instances, where that body retains its natural firmness, while it loses its transparency, the most frequent consequence is a softening of its texture, either partial or total : and that seven times in nine, when the crystalline becomes opake, and tends towards forming a cataract, it is more or less softened ; sometimes equally through its whole substance, sometimes partially, having a greater or less portion left undissolved.

This undissolved part, which always makes what is called a hard cataract, may indeed be called firm in opposition to the softer, by which it is surrounded ; but even this very part is hardly, if ever, so firm as the center of the natural and sound crystalline.

I beg the reader's pardon for having been somewhat prolix, but the subject did not appear to me to have been properly attended to.

It

It would be exceedingly pleasant, as well as advantageous, if we could, previous to an operation, know the true state of an opake crystalline: it would enable a surgeon to determine his mode of operating with more precision, and to explain what his intention by such method was: it would give satisfaction to himself as well as to standers by; and make that appear to be judicious and rational, which, under our present uncertainty, has often the appearance of being accidental, and done at random.

It is agreed by all, who have carefully considered this subject, and who are ingenuous enough to speak the truth, that the mere colour of a cataract, furnishes no proof, to be by any means depended upon, relative to its consistence; and that they which appear greyish, or bluish, or like whey, are sometimes found to be firm and resistant, while the more equally white ones, are often perfectly soft.

I do not mean to assert, but merely to propose, to the consideration of such as may have leisure and opportunity, whether when the opake crystalline is quite dissolved, so as to form a soft cataract, it is not, at the same time, somewhat enlarged; and whether when such dissolution does not take place, and what is called a hard cataract is formed, the crystalline is not, in some degree, lessened or shrunk.

Among the circumstances which have concurred to incline me to be of this opinion is this, that when the pupil has been observed to be always in a state of dilatation, even when exposed to a strong light, and although capable of motion, yet never to contract in the usual manner, I have most commonly found the cataract to have been soft; and, on the contrary, when the pupil has been capable of full and perfect contraction over the cataract, I think that it has most commonly proved firm; and this difference I have more than once observed

served in the different eyes of the same person. The greater degree of facility, with which the firm cataract quits its place, and passes through the pupil upon the division of the cornea, does not lessen the probability of this opinion. I could also wish that they who have opportunity would inquire, whether the cataracts which have been found perfectly soft, have not, in general, become gradually more and more opaque by very slow degrees; and, in a length of time, the patient feeling little or no pain; and whether the firm ones do not, in general, become hastily opaque; and are not preceded, or accompanied by severe, and deeply-seated pain in the head, particularly in the hinder part of it.

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What has hitherto been said, as it principally regards the theory of the distemper, may perhaps be thought to be of little importance; but when the influence which these opinions may produce, and indeed have produced on practice, is considered, it  
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will be found to be matter of some consequence: while they are confined to a surgeon's imagination only, they are not of much consideration; but when they are to regulate his judgment, and direct his hand, they become rather serious.

Since the operation of extracting the cataract, instead of depressing it, has been introduced into practice, and made a kind of fashion, it has been the humour to exaggerate all the objections to which the latter has been said to be liable; and that in such a manner, that they who have not had frequent opportunities of seeing business of this kind, fall, without reflection, into the prevailing opinion; seem to wonder, that the operation of couching should ever have had any success at all; and at the same time are, from the accounts given, inclined to believe, that the extraction is always safe, easy, and successful.

The objections, which are made against the operation of couching, at least those  
which

which have any semblance of truth, or force, are reducible to four :

The first is, that if the cataract be perfectly soft, the operation will not be successful, from the impossibility of accomplishing the proposed end of it.

The second is, that if it be of the mixed kind, partly soft, and partly hard, it will also most probably fail of success, not only from the impracticability of depressing the softer parts, but also because the more firm ones will either elude the point of the needle, and remaining in the posterior chamber, still form a cataract ; or getting through the pupil into the anterior chamber, will there bring on pain and inflammation, and induce a necessity of dividing the cornea for their discharge.

The third is, that if the cataract be of the firm, solid, kind, and therefore capable of being depressed, yet in whatever part of the eye it shall happen to be placed, it will

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there remain undissolved, solid, opaque, and although removed from the pupil, yet prove some hindrance to perfect vision.

The fourth objection is, that however successfully the depression may have been accomplished, yet that the operation will necessarily occasion such violation, and derangement of the internal parts of the eye, as must cause very considerable mischief.

These objections, if they have any real weight, are of equal force in every species of cataract; and therefore are the more worthy our attention: since, if they be founded on truth, they render the operation unfit for practice; but if they be not, misrepresentation and fashion should never induce us to lay aside any means which have been, and still may be, beneficial to mankind.

The first, and second, I can from frequently-repeated experience, affirm not to be true. I mean that the operation of  
couching

couching will not necessarily, or even generally, be unsuccessful, merely because the cataract shall happen to be either totally or partially soft : on the contrary, although these states will prevent perfect depression, yet, by the judicious use of the needle, a recovery of sight, the true end and aim of the operation, will be as certainly and as perfectly obtained, as it could have been either by depression, or by extraction, in the same subject ; and that generally without any of the many and great inconveniences which most frequently attend the latter operation.

The third objection is specious and, therefore, very generally credited. That it never happens I will not take upon me to say, because so many have asserted it ; some of whom, one would hope, had some kind of authority for what they have so positively affirmed. But, on the other hand, when we consider how few there are who have written from their own examination and experience ; and

how many, who have taken for granted, and copied, what others have said before them, our faith will not be quite implicit. Certain I am, from repeated experience and examination, that this opinion has not that foundation in truth which it is generally supposed to have; and that it has been embraced and propagated hastily, and without sufficient inquiry and experiment.

As this supposed indissolubility of the opaque crystalline, is not only so principal an objection to the operation of couching, even when it is capable of being perfectly depressed, as to be said to overbalance all the evils, many and great as they are, which frequently attend the extraction; but is also supposed to be the cause of the failure of success, when the depression of the softer kinds of cataracts is attempted; it may be worth a little serious examination.

I should be sorry to have it thought, that I had any predilection or partiality to one  
method

method of operating more than to another ; or that I would wish to give to either any preference, but what its superior excellence, or utility might justly demand ; but, on the other hand, I cannot possibly pay regard to any authority, however otherwise respectable, when it contradicts what I know to be fact. Both operations are equally practicable by any man who has a hand and an eye, and is capable of performing either ; but it has of late years been so much the humour to depreciate the one, and to extol the other, that it becomes necessary to examine the supposed merits of one, and demerits of the other ; and to see whether they be drawn from premisses which are true ; if one is to be deemed universally preferable to the other, let the circumstances, on which such preference is to be founded, be drawn from fact, and not from fiction ; let them be fairly and faithfully inquired into, and let such inquiry determine.

In order to assist in one part of this inquiry, I beg leave to lay before the reader, a few experiments and observations, which I have made; or I believe I should more properly say, have repeated; they having been often made and observed, but not properly enforced or applied.\*

When the opake crystalline is in a state of dissolution, or the cataract is what is called perfectly soft, if the capsula of it be freely wounded by the couching-needle, the contents will immediately issue forth, and mixing with the aqueous humour, will render it more or less turbid: sometimes so much as to conceal the point of the needle, and the Iris of the eye from the operator.

This

\* When I say experiments and observations which I have made and repeated, I would wish the reader to understand, that I have made them carefully, for the purpose, and so repeatedly, as to be satisfied of their *general* truth.

This is a circumstance which has been observed by most operators, and has been mentioned by many writers ; but it has always been regarded, and mentioned as an unlucky one ; and as being, in some degree, preventative of success ; which is so far from being the fact, that as far as relates to this circumstance merely, all the benefit which can be derived from the most successful depression, or extraction, most frequently attends it ; as I have often and often seen.

The aqueous humour, however turbid it may become, will, in a very short space of time, be again perfectly clear ; and if no disorder of the capsula of the crystalline, previous, or consequential, prevents, the rays of light\* will pass without obstruction through the pupil, and the patient

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will

\* The capsula, or investing membrane of the crystalline, has very often an unsuspected share in the apparent

will be restored to as perfect vision as could have followed the most successful operation of

parent opacity of that body ; and is thereby the cause of disappointments and inconveniences during some operations, and after others. This is a circumstance which, undoubtedly, has been mentioned ; but has not been, by any means, sufficiently attended to. The capsula is capable of becoming white and opaque, while its contents shall be clear and transparent ; it becomes so sometimes by being wounded by the couching-needle, used either for the depression of a firm cataract, or for the letting out a soft one ; and it will not infrequently be found so, after the operation of extraction, when no instrument has touched it.

Whenever this happens, it is an unpleasant circumstance, but still more so, if it continues for any length of time : I have seen it disappear in a week ; I have seen it continue two, three, or four, and at last totally disappear ; and I have seen it continue so long as to require the re-application of the instrument. When it appears after the depression of a firm crystalline, or after an unsuccessful attempt to depress one which has proved not firm enough, it may easily be, and generally is, mistaken for a portion of the cataract risen again ; but from which an attentive observer will always be able to distinguish it : but when such opacity follows what is called a successful extraction, in which the cornea only was divided ; the capsula not touched by

of either, or of any kind in the same subject, and under the same circumstances.

When the cataract is of the mixed kind, partly soft, and partly hard, the immediate effects

by the instrument, and the cataract came away intire thro' the pupil, the case is self-evident.

This may truly and properly be called, as it has been by Monsieur Houin, Haller, and others, a membranous cataract, as it consists merely of the membranous capsula of the crySTALLINE.

Writers of credit have mentioned, that a cataract may be formed almost instantaneously, by external violence. There is no doubt of the fact; I have seen it four different times.

Whether this be not an affection of the capsula merely, I much doubt; or rather am much inclined to suspect, that it most frequently is. In three of the four, which have fallen under my observation, the opacity has gradually disappeared after the inflammation, in consequence of the blow, had gone off; and the eyes were left as clear as ever. A consequence which, I think, may be accounted for by supposing the opacity in the capsula only; but cannot, if we suppose it to be in the corpus crySTALLINUM itself.

effects of the needle are somewhat different; the soft part of the cataract, being less in quantity, as well as generally less soft, the aqueous humour is less turbid; and the firm part, or parts of the crystalline will be very visible. In this state, these firmer parts will very frequently elude the attempts made, by the needle, to depress them; and will therefore remain in the posterior chamber. This is also reckoned among the unfortunate circumstances; but although to an operator not aware of, nor acquainted with the consequence, it may have all the appearance of being so, yet it really is not; the true end and aim of the operation not being thereby necessarily frustrated. In this case, if the needle has been so used as to have wounded the capsula very slightly, it will sometimes happen, that the firm part of the crystalline will remain in its nidus, and still form a cataract; which may possibly require a future or re-application of the instrument. This is the worst that can happen, and happens indeed very seldom; for if the  
capsula

capsula be properly wounded, so that the aqueous humour be freely let in, the firm part or parts, though very visible at first, and preventing the passage of light thro' the pupil, will in due time, in some longer, in others shorter, gradually dissolve, and at least totally disappear; leaving the eye as fair, as clear, and as fit for vision as any, the most successful operation could have rendered it; of which I have seen and exhibited many proofs.\*

In

\* The space of time, which the accomplishment of such dissolution will require, is very uncertain: I have seen the eye perfectly fair, and clear, within a week after the operation; and I have seen it require two months for the dissolution of all the opaque parts.

This has been observed by many, even before the nature and seat of a cataract were truly known; among the rest, by Read, who speaking of one of his own operations, says:

“ At the end of nine days I visited my patient, and  
 “ found both her and her friends highly discontented;  
 “ so that I met with nothing but invectives, &c.

“ Within

In order to render the fact still more clear, I have sometimes, when I have found the cataract to be of the mixed kind, not attempted depression: but have contented myself with a free laceration of the capsula; and having turned the needle round and round between my finger and thumb, within the body of the crystalline, have left all the parts in their natural situation: in which cases I have hardly ever known them fail of dissolving so entirely, as not to leave

“ Within a fortnight after, when art and nature  
 “ having performed their mutual operations, and all  
 “ the cloudy vapours and rags of the cataract were  
 “ consumed and dispersed, her eyes grew clear, and  
 “ her sight became perfect. &c.”

“ I would have every patient, though after a cataract  
 “ be couched, and nine or ten days expired, he see little,  
 “ or nothing at all, or that he cannot endure the light  
 “ for a month or two, or even for a quarter of a year,  
 “ as I have known many, not to be discouraged; for  
 “ their sight may, notwithstanding, become well and  
 “ perfect, and continue so ever after. On the other  
 “ hand, some come to good and perfect sight within a  
 “ fortnight or three weeks.” Sir. W. READ, p. 7.

leave the smallest vestige of a cataract.\* In a few instances, where I have had fair opportunity,

\* The operation of extraction, though said in general to remove the crystalline intire, and calculated for such purpose, does not always do so; but when the cataract is of the mixed kind, does not infrequently leave some of the firmer part behind, which one of the warmest patrons of the operation allows, does dissolve and disappear. “ Extrahendum statim post operationem est quicquid remanet opaci ope Cochlearis Davielis. Hoc quidem facile, fit aliquando, aliquando vero et imprimis ubi membrana crystallina non satis lacerata cochlear in ipsam capsulam lentis, ubi hæret illud opacum corpusculum non admittit, tantis difficultatibus circumfusus est, ut quicquid etiam moliaris extrahere illud non possis, et ne oculum nimis irrites, desistere ab opere, et relinquere illud in oculo cogaris.

“ Neque tamen tunc etiam spe optimi successus destituimur. Sæpe enim observavi, opacum illud remanens, five sit mucus, five frustulum lentis crystallinæ, sensim, et sponte, citius vel tardius, penitus disparuisse. An resorbetur mucus lacteus, an frustula lentis crystallinæ liquecant sensim, et resorbentur, an in fundum oculi sensim se præcipitant, dubium est. Utrumque tamen fieri credo. Quoties lactea materia post depressam cataractam totum humorem aqueum opacitate suâ et albedine inficiens  
“ sensim

portunity, I have pushed the firm part through the pupil into the anterior chamber, where it has always gradually, and perfectly dissolved, and disappeared, not producing pain or trouble, while such dissolution was accomplishing.\*

What I have advanced not being matter of opinion, but matter of fact capable of being inquired into, and proved by any who

“ *sensim penitus evanuit?* Quoties *pūs in oculo hæ-*  
 “ *rens vel sanguis insigni quantitate in illum effusus,*  
 “ *sensim resorptus evanuit?* Quoties *frustula lentis*  
 “ *crystallinæ, post depressionem cataractæ, in pupillâ*  
 “ *relictâ, &c?* immo *liquefcere aliquando et resorberi*  
 “ *hæc frustula me ipsum experientia docuit, &c.*

RICHTER de Cataractæ Extract.

\* I should be sorry to have it inferred from hence, that I would recommend the passing the opaque crystalline through the pupil; far from it; I think it wrong, as it is apt to produce one of the most frequent inconveniences attending the operation of extraction, an irregularity of the pupil. I only meant to prove the fact of dissolution of the cataract in such situation; and that it will not cause that pain and trouble which it is so positively said to do.

who will take the trouble of so doing, I do not desire any man to give credit to it upon my mere assertion. But if, upon repeated trial and inquiry, it should be found to be as generally and as frequently true by others, as it has been by me, may it not fairly be inferred, that whatever other reasons there may be for preferring the operation of extraction to that of depression, or the use of the knife to that of the needle, yet those drawn from the supposed indissolubility of the crystalline, are by no means conclusive; on the contrary, are very inconclusive. But this is by no means all; for if what I alledged be true, some other consequences, not a little interesting to the afflicted, will necessarily follow:

First, if the soft cataract will, when its capsula is properly wounded, mix with the aqueous humour, and undergo such a perfect dissolution, and absorption, as to leave the eye fair, clear, and fit for vision, and which I have so often proved, that I have not the smallest doubt about it; it will  
then

then follow, that the softness of a cataract, is so far from being an unlucky circumstance, that it is rather a fortunate one ; as it enables the patient to receive more early assistance ; and that from an operation attended with less pain, and a less violation of parts, than a firmer one would necessarily require.

Secondly, When the cataract is of the mixed kind, and which therefore frequently foils all the attempts toward depression, the firmer parts may very safely be left for dissolution ; and vision be thereby restored.

And, Thirdly, when the cataract shall happen to be of the firmer kind, and during an unsuccessful attempt to depress, get through the pupil behind the cornea, disappointment will be so far from being the consequence, that if no other injury has been done to the parts within, than what such attempt necessarily required, the displaced crystalline will gradually dissolve  
and

and disappear; and the patient will see as well as any operation could have enabled him to have done.

I may perhaps be told, that what I have hitherto alledged only tends to prove, that both the soft and mixed cataract, when mixed with the aqueous humour by the laceration of the capsula, will dissolve, but that the firm one will not, and therefore must remain, wherever placed, a solid opaque body.

To which I answer, in the first place, that if what has been said relative to the soft, and to the mixed cataract be true, I cannot help thinking it to be very advantageous. In the second place, that the opinion concerning the indissolubility of the displaced crystalline, has, I think, been taken up, and propagated, without proper authority from inquiry and experiment, fairly and deliberately made, and stands merely on a few accidental observations, which are by no means satisfactory.

D And,

And, in the third place, that, as far as my own inquiry and observation go, I am satisfied, that it does dissolve wherever placed, provided it be perfectly freed from its attachment in its natural nidus.\*

Both men and books talk of firm, hard, intire, uniform cataracts, as if they were as much so as what are found in the eye of a boiled fish. Whence they borrow this idea, I know not, unless it be from boiled fish; certain I am that it is not from nature.

Let

\* While I was preparing these sheets for the press, an old man was taken into St. Bartholomew's, who had a cataract in one eye, and had, by some accident, lost the sight of the other. I couched him; the cataract was as firm as I had ever felt any, and went down as easily, as immediately, and as intirely as possible. Three days after the operation, he was seized with so bad a small-pox, that he died on the eleventh, and the next day I took his eye home and examined it. The cataract lay just below and behind the uvea, toward the external canthus. It was become small, irregular, and manifestly in a state of dissolution.

Let any man examine the most firm, opake cryftalline, taken from the eye of a living person, and which, from its firmness, passed out through the pupil and the divided cornea, with the greatest facility; he will generally find it to be in figure, size, and consistence, exceedingly unlike either to the natural and sound cryftalline, or to one rendered opake by heat; and he will also find, that such alteration of shape and size is owing to a partial diffolution of its surface, particularly its anterior one; in short, if he will examine it carefully, and without prejudice, he will see, that what he calls an intire, firm cataract, is most frequently little more than the nucleus of an opake cryftalline.

If a man might be allowed to argue in a case of this kind, *à priori*, he might very reasonably ask, why should the corpus cryftallinum, which, although opake, is, while in its natural situation, and enveloped in its proper capsula, so prone to dissolve, as

we must know that it is, be supposed to be as prone to induration, immediately upon being removed from its place.

The most strenuous advocates, for extraction, cannot help allowing, that a portion or portions of a firm cataract, which they have been obliged to leave behind in the operation, dissolve and disappear in due time: it is, indeed, a fact not to be contradicted: but the same people say, that the intire cataract will not. What idea they, who argue thus, have of an intire cataract, I know not; they may possibly conceive it to be depressed, still remaining enveloped in a firm capsula, and therefore to remain indissoluble: but if they would reflect on the extreme fineness of the capsular membrane; on the necessary action of the couching-needle, when applied to it; and on the different consistence of the different parts of every, even the most opaque and firm cataract, they must see that it is a portion only of any cataract, however firm, which can in general be depressed.

One of the arguments, made use of by some of the late writers, in favour of extraction, is, that as the crystalline *must* be *destroyed*, it had better be removed. Now how can it be said to be destroyed, if it be only displaced, and remain indissoluble? Let them take which side of this argument they please, they must be wrong: for, if the diseased crystalline remain, though depressed, a solid body within the eye, how can it be said to be destroyed? and, on the other hand, if it be destroyed in the operation of couching, it must be by dissolution; and therefore cannot remain.

The last objection to the operation of couching is, that it must necessarily derange, and violate, the internal parts of the eye, particularly the vitreous humour.

If what I have said on the subject of the perfectly soft cataract, as well as on that which is partially so, <sup>^</sup> the greatest part, if not the whole of this objection, will cease, <sup>^</sup>

*be true*

with regard to these two: and it will be principally, if not totally confined to that which is called firm and hard, and which, by its resistance to the instrument, will admit of being placed in the inferior part of the eye.

In the performance of this operation, the needle may certainly be so used, as to do considerable mischief; but then it must be from the unskilfulness or aukwardness of the operator; and which may be the case of every operation in surgery. But is an operation justly chargeable with ills, deducible merely from its having been ill-executed? I hope not.

I am very sensible, that much mischief has been done by attempts to couch; but, in the first place, they have almost always been the consequence of want of judgment, or want of dexterity, in the operator; and, in the next place, even under the most exaggerated representations, they are by no means equal to what has frequently been the consequence of attempts to extract.

It

It may possibly be supposed, that I have conceived a prejudice against the operation of extraction. Of this I am not conscious. I have sought and embraced every opportunity which a publick hospital, and many years practice, have afforded me of operating in both ways; and of comparing the consequences. I have seen many of the patients of others, not only of the gentlemen of the profession, but of most of the itinerant operators; and am thereby convinced, that the greatest part of the objections to the operation of couching are invalid; have not been the result of unprejudiced experience, or a candid regard for truth; that only the fair and prosperous side of the question, regarding the operation of extraction, has been industriously exhibited, while its manifold failures and ill-consequences have been as industriously concealed; and that upon a fair detail and comparison of all the advantages, and disadvantages, conveniences, and inconveni-

ences attending each, the preference will be found justly due to the needle.

Inconveniences and disappointments they are both too liable to : I heartily wish they were not : but, from the most cool and candid attention to fact, I am convinced, that the former are much greater, and the latter much more frequent, in the operation of extraction, than in that of deprefion, executed with the same degree of judgment.

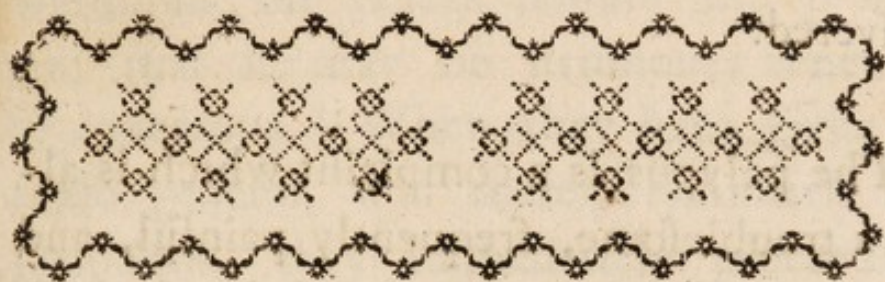




SOME FEW  
REMARKS  
ON THE  
POLYPUS  
OF THE  
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ON THE  
POLYPUS  
OF THE  
NOSE.

**I**N these, as in the preceding remarks on the cataract, I do not mean to enter into a circumstantial history of the disease, but merely to offer a few practical observations on such parts of the doctrine concerning it, as appear to me to have been

been either inadvertently or erroneously delivered.

The polypus is a complaint which is always troublesome, frequently painful, and sometimes hazardous; the first of these is, the necessary consequence of the situation of the distemper; the second arises from its peculiar nature in the individual; and the last, sometimes from its particular nature, and sometimes from the manner, in which it may have been treated.

Writers tell us, and very truly, that it is a disease of the membrana pituitaria narium; that it has different seats, origins, and attachments; that it springs from the ethmoid bone, from the ossa spongiosa, from the septum narium, and even from the antra maxillaria; that it is hard or soft, pale or deep red, or sometimes purple; that it is equal in its surface or unequal, large or small, moveable or fixed, single or multiform, painful or indolent; that it makes its appearance

appearance forward in the nostrils, or backwards in the fauces behind the uvula; and that it may be strumous, venereal, or cancerous. When they have given us these general, and merely definitive descriptions, they immediately proceed to the chirurgic treatment, or method of cure; which, they tell us, is either by extraction, or the use of escharotics, to which some have added ligature: they then give a general description of the manner of using the forceps, of applying escharotics, or of passing the string round it; and having provided styptics for the suppression of hæmorrhage, they leave every thing else to the reader's imagination, and to the practitioner's choice and judgment.

From these accounts, those who have not had much opportunity of seeing for themselves, and who are thereby under a sort of necessity of forming their opinions, and regulating their practice by books, are induced to believe that, except in some few particular instances, where the distemper is pal-

palpably cancerous, that all others are equally objects of chirurgic treatment; and therefore, that if, in the first instance, they can lay hold of the polypus with the forceps, and in the second, can provide against the hæmorrhage, which they have heard so much of, they shall have nothing else to do or to fear.

To me I must acknowledge, the matter appears very differently. I cannot help thinking, that there are many polypi, which, although they are neither scirrhus nor cancerous, are very unfit for any chirurgic treatment whatever; and that from several circumstances: which circumstances may act in different manners, though equally prohibitory: they may forbid an attempt merely from the impossibility of its being successful; or they may forbid it, because it is more likely to do harm than good; more likely to exasperate the disease than cure it; to increase the misfortune, than to lessen it.

The

The distinctive marks of the distemper, as laid down by writers, are, in general, just and true, but they only teach a young practitioner to know the disease when he may see it; they give him no warning of the mischief he may incur by attacking it unguardedly; nor inform him of a very serious truth, viz. that this is a sort of case, in which, when real mischief has been done, it is sometimes without remedy.

As far as my experience and observation go, the polypi, which begin with, or are preceded by, considerable or frequent pain in the forehead and upper part of the nose, and which, as soon as they can be seen, are either highly red, or of a dark purple colour; they, which from the time of their being first noticed, have never been observed to be sometimes bigger, sometimes less, but have constantly rather increased; they in which the common actions of coughing, sneezing, and blowing the nose, give pain, or produce a very disagreeable sensation

fation in the nostril and forehead; they  
 which, when within reach, are painful to  
 the touch, or which, upon being slightly  
 touched, are apt to bleed; they which  
 seem to be fixed and not moveable by the  
 action of blowing the nose, or of deriving  
 the air through the affected nostril only  
 (where the polypus is only on one side);  
 they which are incompressibly hard, and  
 which, when pressed, occasion pain in the  
 corner of the eye, and in the forehead, and  
 which, if they shed any thing, shed blood;  
 they which, by adhesion, occupy a very  
 considerable space, and seem to consist of  
 a thickening, or of an enlargement of all  
 the membrane covering the septum na-  
 rium; they which sometimes shed an  
 ichorous, offensive, discoloured discharge;  
 and they round whose lower part, within  
 the nose, a probe cannot easily and freely  
 be passed, and that to some height, ought  
 not to be attempted, at least by the for-  
 ceps; nor indeed by any other means with  
 which I have the good fortune to be ac-  
 quainted; and this for reasons obviously  
 deducible

deducible from the nature and circumstances of the polypus. On the one hand, the very large extent, and quantity of adhesion will render extirpation impracticable, even if the disease could be comprehended within the forceps, which it very frequently cannot; and, on the other, the malign nature of the distemper may render all partial removal, all unsuccessful attacks on it, and indeed any degree of irritation, productive of the most disagreeable consequences.

But the polypi which are of a palish or greyish light brown colour; or look like a membrane just going to be sloughy; they which are seldom or never painful, nor become so upon being pressed; they which have appeared to be at one time larger, at another less, as the air has happened to be moist or dry; they which ascend and descend freely by the action of respiration through the nose; they which the patient can make to descend by stopping the nostril which is free, or even most free, and then deriving the air through that which

E

the

the polypus possesses; they which when pressed give no pain, easily yield to such pressure, become flat thereby, and distil a clear lymph; and they, round whose lower and visible part a probe can easily, and that to some height, be passed, are fair and fit for extraction; the polypus, in these circumstances, frequently coming away entire; or if it does not, yet it is removeable without pain, hæmorrhage, or hazard of any kind; the second of which circumstances I can with strict truth affirm, I never yet met with when the disease was at all fit for the operation.\*

## Of

\* They, who are affected with this sort of polypus, generally complain, and that for a considerable time before the polypus becomes visible, that they are perpetually catching cold, more especially in moist or wet weather; though they seldom have any other symptoms of such colds than the stoppage in and discharge from the nose; they also always complain, that these colds always deprive them of the sense of smelling. In moist weather, or in a sudden change from dry to wet, they are also subject to frequent fits of sneezing; and when the relaxed membrane is most affected, to very considerable

Of the benign kind of polypus, fit for extraction, there are two sorts, whose principal difference from each other consists in their different origin or attachment: that which is most freely moveable within the nostril, upon forcible respiration, which has been found to be most liable to change of size, at different times and seasons, that which has increased the most in the same space of time; that which seems most limpid, and most freely yields lymph upon pressure, has its origin most commonly by a stalk or kind of peduncle, which is very small, compared to the size of the polypus; while that, which although plainly moveable, is still considerably less so than the other, which has been less liable to alteration from air and seasons, and has been

E 2

rather

derable discharge of thin mucus from the affected nostril. Nor do I remember ever to have seen a polypus of this kind, which was not immediately subject to a change, upon the sudden alteration of the atmosphere, from dry to moist; that is, they always become longer, fall down lower, and look fuller and paler, and generally deprive the patient of all power of smelling.

rather slow in arriving at a very troublesome size, is most frequently an elongation of the membrane covering one of the ossa spongiosa: they are both capable of being extracted, and that with no kind of hazard, with very little pain, and hardly any hæmorrhage at all; but the former requires the least force, and most frequently comes away entire; while the latter often breaks, comes away piece-meal, and stands in need of the repeated use of the forceps.

From the preceding observations a few practical inferences may be drawn, such as the following:

First, That the polypi, under the first description, very rarely, if ever, admit an attempt toward extraction, and that not merely from the improbability of its being attended with success, but because such attempt may be the cause of very disagreeable consequences.

Second,

Second, That in those which do admit an operation, or the use of the forceps, the degree of success will depend principally upon two circumstances, viz. the benignity of the disease, and the degree and quantity of attachment; for although the nature of the complaint may be perfectly benign, yet it may happen, that a cure may not be attainable, and that merely from the degree and kind of attachment. And,

Third, That the hæmorrhage so much talked of, so solicitously guarded against by writers, and so much dreaded by young practitioners, will not often, if ever, be met with, in such cases as fairly and properly admit the operation.

The polypus is a disease which, of all others, is said to be most difficult totally and perfectly to eradicate, and most liable to reproduction, this is, in some degree, true. It is difficult, in many instances, to

E 3                      extirpate

extirpate it totally, and it does often grow again, more especially that sort which springs from the *ossa spongiosa*; but yet, that is not so often the case as it is supposed to be. It not infrequently happens, that there are, at the same time, two, three, or more different polypi, each of which is perfectly distinct from the others, and has a separable distinct attachment. When this is the case, the lowest or most anterior, having the open nostril before it, easily makes its way down, uncompressed, while the other, or others, are not only kept up, and out of sight, but are also considerably compressed.

When the one, which was within sight and reach, has been removed, the next falls downward, and soon becomes visible; if it was large and lax, and merely kept up by what lay before it, it is often to be seen immediately, but if it was small it may be out of sight, and can only be suspected by the passage of air through the nostril not being free, although the polypus,

pus, which was removed, came away perfect and intire, and when it does appear, it passes for a reproduction from the old stem, though it is really another and perfectly distinct polypus, of which the intire state of the investing membrane, and the separation of the polypus, from its single point of attachment, will, upon careful examination, appear irrefragable proofs.

It may perhaps be remarked that, in what I have offered concerning this distemper, I have confined myself merely to the operation of extraction only; and have said nothing concerning the various methods and means which have been proposed for its destruction.

I am very sensible that many of our books are furnished with relations of attempts made by escharotics, and by a kind of medicated setons, some of which have been said to be successful. If I had ever found them so, I should have been glad to have related it, but I cannot say that I

have; on the contrary, all that I have done of this kind, or have seen done by others, has served more and more to deter me from practising it again. When the polypus is loose, and fairly circumstanced for extraction, it is not only the best method of cure, but is always adviseable, and very frequently successful; but when from immobility, largeness of attachment, malignity of nature, or from any other cause, it becomes unfit for the use of the forceps, it is always, as far as I have been able to observe, still more unfit for caustic; nor indeed do I remember a single case, which has been so circumstanced as to render the use of the forceps absolutely unadviseable, where the application of escharotics would not have been much more so, as experiment, in some of them, has fatally proved. The structure and irritability of parts within the nose, and the impossibility of confining the application, or limiting the effects of caustic medicines, in such a part in whatever manner or form applied, are palpable objections a priori; and the very disagreeable

disagreeable consequences, which have been often found to follow from the inflammation and irritation, of what it was impossible totally to destroy, have been too serious to be slighted.\*

The polypus sometimes, instead of falling down the nostril, makes its appearance backward in the fauces behind the uvula, in which case, the general method is to extract it by introducing the instrument into the mouth instead of by the nose.

This, though sometimes practicable, is much more easily described than executed; and in some people will be found absolutely impracticable.

\* The method by ligature, whether of silk or wire, is not attended with the inconveniences of the caustic, and is certainly practicable in some instances, but as far as I have seen of it, is by no means equal to that by the forceps, either for its general utility, or its capacity of perfectly eradicating the excrescence. I know some ingenious practitioners, who approve of it; but I cannot say, from what has come within my knowledge, that it appears to me in so recommendable a light.

impracticable. The objection arises from the great difficulty of keeping the tongue down in some, and in others from their incapability of permitting any thing to touch the root of that part, or any part of the fauces, without immediately producing a spasm: to which might be added that, in some cases, the polypus is so expanded as almost to conceal the uvula, which is therefore liable to be laid hold of by the instrument, to the no small detriment of the patient.

However large, pendulous, or expanded such polypus may be, its attachment always is, and must be, within the cavity of the nose, and therefore always within the reach of a pair of forceps introduced that way, especially if the forceps be somewhat curved: and which, when the excrescence appears behind the uvula, will have one advantage superior to what it has when the polypus appears in the nose, which is, that it will be applied much nearer to the point of attachment, and, therefore, most likely to extirpate it perfectly.

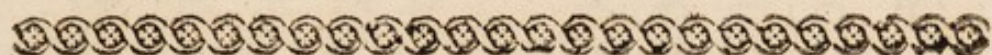
I can.

I cannot leave this subject without cautioning the young practitioner to be exceedingly careful in examining and inquiring into all the circumstances previous to his undertaking a cure, lest he should find, too late, that he has gone too far to recede.

For want of such caution, I have seen hæmorrhages, which have been frightful, and inflammations which have proved fatal. I have seen a case, wherein an unto-ward looking polypus, and which ought not to have been meddled with, has been so attached to a distempered septum nasi, that it has come away with it; I have seen the same thing happen with regard to almost the whole of the ossa palati; and I have more than once known a polypose thickening of the membrane covering the ossa spongiosa, and septum nasi, which, in all probability, would have remained quiet a great length of time, so irritated by rough treatment, and successful attempts, as to render the remainder of the patients life truly miserable to himself, and offensive to others.

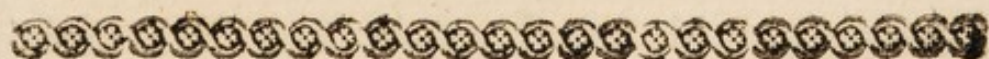
I cannot leave the subject without mentioning the young physician to be especially careful in examining and inspecting into all the circumstances previous to his undertaking a cure, lest he should find, too late, that he has gone too far to recede.

For want of such caution, I have seen harmonies, which have been frightful, and inflammations which have proved fatal. I have seen a case, wherein an untoward looking poison, and which ought not to have been meddled with, has been resorted to, and unfortunately it has done more harm than good. With it, I have seen the same thing happen with regard to the most the whole of the oil of turpentine, and have more than once known a physician, in the treatment of the membrane covering the lungs, and in fact, not only in the lungs, but in the whole of the system, to have resorted to a great length of time, to be treated by a violent treatment, and faccidate remedies, as to render the treatment of the patient truly miserable to himself, and often to others.



C A N C E R

S C R O T I.

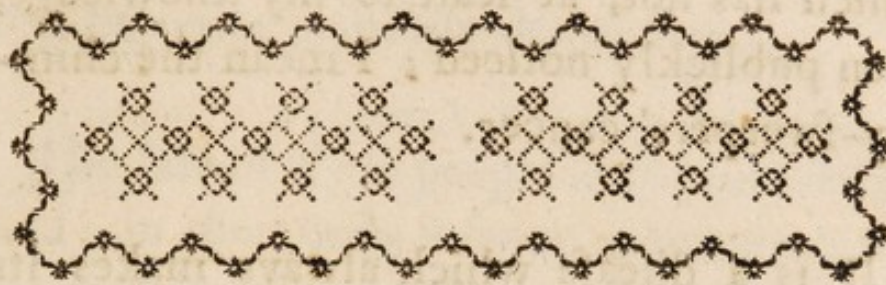




O A M C H R

S C R O T F

THE MANAVALI in volume 2 part  
1 of the series, the Code  
of the island is a well-known  
work of the island in which  
the island is the subject of  
the island, and the subject of  
the island is the island, for the island is the  
island.



C A N C E R

S C R O T I.

**R**AMAZINI has written a book  
de morbis artificum; the Colic  
of Poictou is a well-known di-  
stemper, and every body is acquainted  
with the disorders to which painters,  
plummers, glaziers, and the workers in  
white lead, are liable; but there is a dis-  
ease

ease as peculiar to a certain set of people which has not, at least to my knowledge, been publickly noticed ; I mean the chimney-sweepers' cancer.

It is a disease which always makes its first attack on, and its first appearance in the inferior part of the scrotum ; where it produces a superficial, painful, ragged, ill-looking sore, with hard and rising edges. The trade call it the foot-wart. I never saw it under the age of puberty, which is, I suppose, one reason, why it is generally taken, both by patient and surgeon, for venereal, and being treated with mercurials, is thereby soon, and much exasperated : in no great length of time, it pervades the skin, dartos, and membranes of the scrotum, and seizes the testicle, which it enlarges, hardens, and renders truly and thoroughly distempered ; from whence it makes its way up the spermatic process into the abdomen, most frequently indurating, and spoiling the inguinal glands : when arrived within the abdomen, it affects

fects some of the viscera, and then very soon becomes painfully destructive.

The fate of these people seems singularly hard ; in their early infancy, they are most frequently treated with great brutality, and almost starved with cold and hunger ; they are thrust up narrow, and sometimes hot chimnies, where they are bruised, burned, and almost suffocated ; and when they get to puberty, become peculiarly liable to a most noisome, painful, and fatal disease.

Of this last circumstance there is not the least doubt, though perhaps it may not have been sufficiently attended to, to make it generally known. Other people have cancers of the same parts ; and so have others, beside lead-workers, the Poictou colic, and the consequent paralysis ; but it is nevertheless a disease to which they are peculiarly liable ; and so are chimney-sweepers to the cancer of the scrotum and testicles.

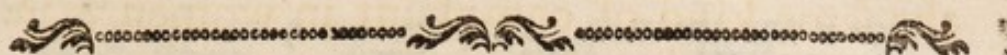
If there be any chance of putting a stop to, or preventing this mischief, it must be by the immediate removal of the part affected; I mean that part of the scrotum where the sore is, for if it be suffered to remain until the virus has seized the testicle, it is generally too late even for castration. I have many times made the experiment; but though the sores, after such operation, have, in some instances, healed kindly, and the patients have gone from the hospital seemingly well, yet, in the space of a few months, it has generally happened, that they have returned either with the same disease in the other testicle, or in the glands of the groin, or with such wan complexions, such pale, leaden, countenances, such a total loss of strength, and such frequent and acute internal pains, as have sufficiently proved a diseased state of some of the viscera, and which have soon been followed by a painful death.

If

If extirpation ever bids fair for the cure of a cancer, it seems to be in this case; but then the operation should be immediate, and before the habit is tainted. The disease, in these people, seems to derive its origin from a lodgment of foot in the rugæ of the scrotum, and at first not to be a disease of the habit. In other cases of a cancerous nature, in which the habit is too frequently concerned, we have not often so fair a prospect of success by the removal of the distempered part; and are obliged to be content with means, which I wish I could say were truly palliative; but here the subjects are young, in general in good health, at least at first; the disease brought on them by their occupation, and in all probability local; which last circumstance may, I think, be fairly presumed from its always seizing the same part: all this makes it (at first) a very different case from a cancer which appears in an elderly man, whose fluids are become acrimonious from time, as well as other causes; or from

the same kind of complaint in women who have ceased to menstruate. But be all this as it may, the scrotum is no vital organ, nor can the loss of a part of it ever be attended with any, the smallest degree of inconvenience; and if a life can be preserved by the removal of all that portion that is distempered, it will be a very good and easy composition; for when the disease has got head, it is rapid in its progress, painful in all its attacks, and most certainly destructive in its event.





O B S E R V A T I O N S

A N D

C A S E S

Relative to the different Kinds

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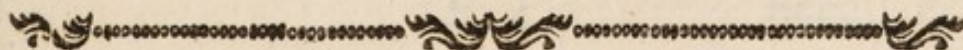
R U P T U R E S:

B E I N G

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T O

A G E N E R A L T R E A T I S E on that  
Subject.



OBSERVATIONS

ON THE

CAUSE

OF THE

RUPTURE

BEING

AN APPENDIX

TO

A GENERAL TREATISE ON THE

SUBJECT

OF THE



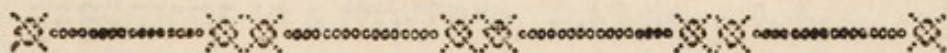
# OBSERVATIONS

AND

CASES

relative to

RUPTURES, &c.



## SECT. I.

*Diseases of the Omentum, particularly  
Omental Herniæ.*

THE general doctrine regarding these, is, that although they are sometimes troublesome, from their weight and size, yet the omentum being insensible, and very little, if at all,

necessary to vitality, they do not call for our immediate assistance, and never endanger the patient's life.

That omental ruptures are not attended with those immediately-hazardous circumstances, which necessarily accompany intestinal ones, is a truth beyond all doubt; but that diseases of the omentum are of little consequence, or that this kind of rupture is so harmless, as never to bring the life of the patient into danger, and to prove positively, as well as eventually fatal, is a position which is by no means true.

Intestinal ruptures are, primarily and originally hazardous, and this hazard arises as well from the structure, as from the functions of the parts concerned. The tender membranes of the intestines, are very little able to bear any considerable degree of inflammation; and neither digestion of the food, propulsion of the chyle into, and through the lacteals, nor expulsion of the fæces from the large guts (of-  
fices

fices absolutely necessary to the very existence of the animal) can be executed, while such stricture is made on any part of the intestinal canal, as either hinders its natural motion, or renders its tube impervious ; consequently, whenever this happens, from whatever cause, the patient is immediately disordered, and brought into a state of hazard.

The omentum is not indeed so liable to injury, either from its structure, or from its office ; the dislodgment of it from its natural situation within the belly, or its engagement in a stricture, seldom produce any immediate, or very pressing symptoms ; and therefore its confinement, within a hernial sac, has seldom been regarded as a matter of importance. Taken in a general sense, it certainly is not. The displacement of a mere portion of caul, from its natural situation, and the detention of it in the groin or scrotum, will not, in general, occasion any such interruption in any of the functions of the animal, or so disorder its internal

ternal œconomy, as to produce a considerable degree of pain, or hazard : but whoever from thence concludes, that omental ruptures are absolutely void of danger, will find himself much deceived : a more attentive observation of the disease, and of its effects, will inform him, that very considerable mischief sometimes attends them, and that the ill consequences of neglect or mismanagement, though perhaps less frequent, and less rapid, are not less real.

The ills which may attend omental herniæ, are of two kinds : one of which is primary or original, proceeds from the part which first formed the rupture, and is confined to it, independent of any other ; the other is secondary, or an accidental consequence, flowing indeed from the same original malady, but affecting other parts also.

The omentum is liable to inflammation, suppuration, gangrene, mortification, and scirrhus, while in its natural situation within  
the

the cavity of the belly ; and each of these states is often the real, though most commonly unsuspected cause of very alarming symptoms, and not infrequently of death. It is not only liable to the same morbid alterations, when thrust forth from the cavity into a hernial sac, but the neglect or mismanagement of it, when there, is productive of these and other evils, which, for want of a proper attention, have either been totally overlooked, or set to the account of other causes. Violent, or continued, pressure on it has produced inflammation with all its consequences ; has brought on fever of a very bad kind, suppuration, flough, and sphacelus ; long confinement of it, within a hernial sac, has occasioned such other alteration in its form and texture, as to render it truly a diseased body, and to produce many inconveniences from such its morbid state ; and an undue or interrupted circulation through it, by means of stricture, occasions, sometimes, such a collection of extravasated fluid, in the sac, as to render it a necessary object of

a surgeon's attention ; not to mention that the dragging down a larger portion of the caul, into the scrotum, proves sometimes more than merely disagreeable, by reason of its connection with the abdominal viscera.

These are ills, which arise from omental ruptures primarily, and are dependant upon the nature of the disease, considered abstractedly, without any view to, or connection with any other. But there is another which, although it may be called secondary, or be considered as a consequence, is both frequent and hazardous.

When a portion of the peritoneum, forming a hernial sac, has been thrust quite down into the scrotum, I believe I may venture to affirm (notwithstanding what may have been said to the contrary) that it seldom or never returns back into the abdomen again, but becomes immediately, and wholly, connected with the cellular membrane, investing the spermatic vessels ;

vessels; so that whoever has once had, such sac so protruded, can never have any security against the disease, called a rupture, but what is derived from such means as may render the entrance into that bag, too small, to permit any thing to pass from one cavity into the other. Upon this principle, and on this only, stands the utility, and indeed the necessity, of Trusses and such kinds of bandages. By these in infants, and in young subjects, such a coarctation, or lessening of the entrance into the sac, is produced, that a firm and permanent cure is often obtained; but in the majority of adults, and in all people far advanced in life, such effect is not to be expected. It does indeed happen to some few, but it is to be regarded as an accidental benefit; and the bandage, being the only means, whereby a descent can be prevented, it ought to be constantly and unremittingly worn.

Whoever has a just idea of an hernial sac, must be convinced, that while a body,  
or

or substance of any kind, possesses that part of it which communicates immediately with the belly, that such passage can never be closed : and, consequently, that the one point, in which even the palliative cure of a rupture consists, can never be accomplished.

A portion of omentum, although it be compressible, soft, and slippery, will, while it remains in such passage, keep it as constantly, and as certainly open, as any other body whatever ; and from the very circumstances of its being soft, slippery, and compressible, will still more easily let any other body pass by it ; a portion of the intestinal canal is frequently pressed against the mouth of this sac, and that with considerable force, the orifice being open, and the omentum affording but little resistance, the said portion is often pushed into the bag, and by this means a new, and still more interesting and hazardous complaint is added to the old one.

This

This happens much more frequently than it is supposed to do: and is, in the nature of things, so probable, that no person, who has an omental rupture, can, for any the shortest space of time, be said to be secure against the descent of a portion of intestine; and consequently is always liable to every kind and degree of hazard attending an intestinal one.



CASE

## C A S E I.

**A** Gentleman, about forty-three years old had, for some time, been subject to a rupture of the omental kind, which came down when he was in an erect posture, and went up with great ease when he lay supine.

I reduced it, and put on him a truss, which answered the purpose very well, by keeping the rupture up all the while it was worn ; but the patient disliking the necessary degree of pressure, and finding very little inconvenience from his disease, (it being merely a piece of caul) laid aside the use of his bandage, and suffered his rupture to take its own course.

Being obliged to take a long journey on horseback, and being apprehensive that his complaint might, by exercise in hot weather, prove troublesome, he had a mind to  
put

put his truss on again, not doubting but that he could replace his rupture as easily as he had been accustomed to do: he tried several times, but could not accomplish it; he came to me, I tried, and was foiled. I repeated the attempt again, and again, but to no purpose, still being clear that the disease consisted only of a portion of omentum, and that not large.

From me he went to one of the advertisers; who having, for a day or two, amused him with anointing his groin, put on him a bandage with a large, hard, bolster; which being buckled very tight, he was permitted to begin his journey, and was told that, long before he returned, the portion of caul would be shrunk to nothing, and his disease thereby cured. He set out, and got about twenty miles, when he found himself so ill, and in so much pain, that he determined to come back to London; which he accomplished with great difficulty.

I found him in extreme pain all over his belly, which would hardly bear being touched; he was incapable not only of sitting or standing upright, but even of lying straight upon his back; he could hardly bear the weight of the bed-cloaths; and the most gentle pressure, toward the bottom of his belly, and his groin, was intolerable. The scrotum, and spermatic process, on the ruptured side, were swollen, tense, and inflamed; his skin was hot, and dry; his pulse hard, and frequent, and he had such a degree of restlessness, that although motion was very painful to him, yet he could not lie still for two minutes.

Notwithstanding the many opportunities which, before this accident, I had had of knowing the true nature of his rupture, and that I was perfectly convinced, that it had always been omental merely, yet from his acute pain, from the enlarged and inflamed state of the process, and from the nature and rapidity of his symptoms, I was much inclined to believe, that a portion of intestine

intestine had some share in the present mischief; but the patient, who was a very intelligent man, insisted on it that it had not, and that all his present malady was caused by the pressure of the truss on the omentum.

I took away a considerable quantity of blood, and, notwithstanding the patient's opinion, directed a solution of the sal ru-  
pell. in infus. senæ to be taken immediately, and a purging glyster to be thrown up as soon as it could be got ready; for the parts were in such a state, that, had there been more convincing marks of intestinal stricture, reduction by the hand was at that time impracticable, and unfit to be attempted. I saw him in about six or eight hours. The discharge, per anum, had been such as to put an end to all suspicion of stricture on any part of the intestinal tube, but his inflammatory symptoms were not at all lessened. I took away more blood, and would fain have put him into a semicupium, but the dread of mo-  

G 2
tion

tion prevented him from complying with it. His pain was excessive ; and as he had now lost a very considerable quantity of blood, and had had a very free discharge by stool, I threw up a glyster of warm water, oil, and laudanum, and gave him two grains of extract. thebaic. by the mouth. He passed so bad a night, that he was glad, early in the morning, to comply with the use of the bathing tub, by the repeated use of which, and taking care to keep the body open, by lenient, oily, remedies, he, at the end of four days, got to be easy.

Fomentation and poultice reduced the tumefaction in the groin and scrotum, and when they were removed, the rupture appeared to be nearly in the same state as before the accident, only a little larger.

Two years after this he died, and was opened ; his rupture was found to be merely omental, and the portion of caul which formed it was, in its inferior part, adherent to the hernial sac in two places.

C A S E

## C A S E II.

A Young man, who worked as a journeyman with a silver-smith in Foster-lane, came to me three or four different times, on account of a rupture, which appeared to have every mark of being merely omental.

It was large, and had, as he said, been for some years easily reducible ; but it was not at all so at his last visit to me. By a late increase of size and weight, it was become very troublesome, as well as very visible. Finding reduction impracticable, I recommended to him the use of a suspensory bandage, and gave him directions for his general conduct.

At the distance of about six months from his last visit, I was sent for to St. Bartholomew's hospital in a hurry, to a person supposed to labour under a hernia with stricture.

I found a man, who was only not dead; he had a dying countenance, a faulting pulse, a constant hiccough, and cold extremities.

As it did not appear to me, that it was possible for me to do him any service, I was going away, but was called back at the patient's particular request. He made himself known to me to be the person I have just mentioned; and a friend, who was with him, gave me the following account :

That a few days before, having an intention to marry, and believing that his rupture would be prejudicial to him, he had applied to somebody who had been recommended to him, for relief: that the person to whom he applied, having received from him such gratuity as he could afford, at that time, in part of payment, had promised to cure him within a month: that he anointed him for two or three days, with

with an ointment, and then put on him a very strict bandage: that he was ordered to wear this bandage constantly, day and night: that when he had worn it three days, not being able longer to endure the pain it caused, he took it off, and went to his surgeon, who seemed to be surprized; and bad him go home, apply to his groin and scrotum a poultice made of boiled turnips and hog's-lard, and come to him again the next day: that the inflammation and swelling increasng, he was prevented from fulfilling the last injunction, and therefore sent for his operator, who came to him, examined the parts, said he had got the pox, and refused to do anything more for him without the deposit of another five guineas, and that not being able to comply with this demand, his friends had brought him to the hospital.

The scrotum had been of considerable size, but was now subsided; it had been very painful, but was now easy; it was in many places livid; and upon handling,

the fingers perceived that alarming crepitus, which infallibly denotes putrid air from gangrenous membranes.

When I saw him in health, I was perfectly satisfied that his rupture was merely omental ; I was as much satisfied, that his present state was owing to his bandage ; but nevertheless I cannot but say, that I suspected a piece of intestine to have slipped down, and to have occasioned this fatality by being pressed on.

I inquired into his discharge by stool, and was told, that he had a large one within the last two days, but having often experienced how liable people are to deception, in these cases, I did not give intire credit to the account.

That evening he died, and next morning he was opened.

The scrotum and hernial sac were completely mortified, and within the latter,  
was

was a small quantity of a most exceedingly offensive sanies, together with a large piece of sphacelated omentum only. The whole intestinal tube was within the belly perfectly sound, and in good order, but the omentum, within that cavity, had partaken considerably of the mischief done to that part of it which was in the hernial sac, and was gangrenous throughout.

## C A S E

## C A S E III.

**I** W A S desired to visit a gentleman at Hackney, who had, for some years, been afflicted with a rupture, which, at different times, had been examined by Mr. Sainthill, Mr. Samuel Sharpe, and others; and had, by every body, been deemed to be merely omental. For some years it had been kept up by means of a steel truss; but, a few months before I saw him, he had laid aside his truss, and had put on a dimoty bandage, with a large bolster, which he had worn very tightly buckled. How he had managed himself in other respects, I know not; but I found him with his groin and scrotum much swollen, and very painful to the touch; he was hot and feverish, and had been two days without a stool. The state of the parts was such, that an immediate attempt to reduce the rupture by the hand was impracticable, at least could not have been attended with any probability

probability of success. He was immediately let blood, had a glyster, and an aperient draught. Next day I found him worse, in more pain, with more inflammation, and a greater degree of tumefaction, and had not yet had a stool. I was obliged to depend upon the patient's own account of his case previous to this attack. He insisted on it, that his rupture had never been intestinal, and that every body who had seen it, had given him that assurance. This I could not contradict, but was, at the same time, much inclined to believe, that a portion of intestine was down now. The cataplasm was applied over the whole scrotum and groin, a stimulating glyster again thrown up, and a purging mixture ordered to be taken, cochleatim, every two hours, until he should have stools, but all to no purpose.

On the third day he was worse in every respect; his belly exceedingly tense, his pain great, his restlessness fatiguing, and he

he felt not the least tendency towards a discharge per anum.

I proposed the operation, but the patient and his friends objected. A glyster, of an infusion of Tobacco, was administered. This produced such sickness, and languor, with cold sweats, &c. as alarmed every body, but produced no stool.

Late in the evening, he submitted to the operation. The parts were now so altered, that I guarded myself with a most doubtful prognostic. I made an incision from the groin, to the bottom of the scrotum; the skin, dartos, and hernial sac, were all gangrenous; and, from the cavity of the sac, I let out a considerable quantity of a most offensive sanies, and with it, a large, putrid slough, which appeared to have been a part of the omentum. I examined the opening in the abdominal muscle, and was satisfied that it was in a natural state, and that nothing from the abdomen was engaged in it. On which account I did  
not

not meddle with it, but, having dressed the wound superficially, put on his poultice again. Dr. de la Cour was present at the operation, and directed for the patient. Another day passed without stool, and this I thought must have been his last day, but on the fifth he had a most plentiful discharge, and was thereby relieved from the tension of his belly, and his most troublesome symptoms.

The fore was a long time crude and unkindly, but by means of the bark, and proper diet, all difficulties were surmounted, and the patient got well.

Had a piece of intestine been in the sac, it must, I think, have necessarily partaken of the state in which both it and the omentum were; and although the patient might possibly have survived, yet a discharge of fæces through the wound must, at least for a time, have been the consequence; but here was nothing of that kind, nor any reason after the constipation  
was

was removed, to suppose that the intestine had ever sustained any injury, or had any share in the complaint.

#### C A S E IV.

A M A N, about fifty-five years old, asked my opinion concerning a hard swelling, which he had on each side, both in the groin and scrotum.

To the eye they appeared like omental herniæ; but, upon examination, they were not only unequal in their surface, but craggy, and incompressibly hard.

The patient said, that, at the time of handling them, they gave him very little uneasiness, but that such handling always made them painful for some time after: that he was, at times, attacked with acute pain darting through his belly, up into his loins, and that such attack was frequently attended with a nausea, and an inclination  
to

to vomit : that he had been subject to a painful cholic, attended generally with constipation of belly : that an erect posture, if continued for any length of time, was very irksome : that these swellings were, for several years, soft and easily returnable into the belly : that while they were so, he had, by the advice of Mr. Samuel Sharpe, worn a steel truss, but that being engaged in a bustling, active kind of life, and the truss not always doing its duty, he had left it off for some years. That for the last two years, he had never been able to return either of them, since which they had altered very much : that, in their present state, he had consulted several of the profession, and some quacks : that by some they had been deemed scirrhus testicles, by others, scirrhi of the spermatic processes : that he had gone through a course of mercurial inunction ; had taken freely of the solution of sublimæ cu. decoct. rad. sarsaparillæ, and had (in his own phrase) swallowed a wheel-barrow full of cicuta ; that he had been promised a cure by having

ving them laid open, to which he had submitted, had not the operator been too lavish in his promises, and too exorbitant in his demands ; and that frequent attempts had been made to soften them by fomentation, poultice &c. but all to no purpose.

He had a fallow complexion, a languid fatigued look, a weak, irregular pulse, too much heat and thirst, and too little urine : upon the whole, he seemed a very improper subject for any chirurgic treatment, if any could have been rationally proposed ; but as it did not appear to me that anything of that kind could be done for him, I advised him to keep his scrotum suspended, and to consult a physician on account of his general state.

Not long after, his legs swelled, he lost his appetite, and his urinary secretion almost totally ceased. The consequence of which was, a general anasarca, and death.

In

In each groin, and on each side in the scrotum, was a hernial sac, bearing all the marks of antiquity : in each of these was a hard, knotty, irregular kind of body, whose surface was covered with varicous vessels.

These bodies passed from the cavity of the belly, through the opening in the abdominal muscle, were continuations from the omentum, and were truly cancerous.

### C A S E V.

**T**HAT the residence of a portion of omentum, in an open hernial sac, must render the patient constantly liable to the descent of a portion of intestine, is so self-evident, that it cannot admit the smallest doubt, but the following case being rather remarkable, I have inserted it.

A drunken, idle, fellow, who lived in the neighbourhood of St. Bartholomew's, used to come frequently to the surgery for pledgits for broken heads, &c. He had also a small omental hernia, as fairly and decisively characterised as possible. Myself, and all the surgeons had, at different times, replaced it for him, and the hospital had, once or twice, given him a truss; but being much oftener drunk than sober, he seldom wore it at all, and when he did, it was seldom in the right place.

One day, while I was at the hospital, he was brought in with an immense swelling of the scrotum, and all the symptoms of a hernia with stricture, and those so far advanced, that he had no chance but from the operation, which I therefore performed immediately.

In the sac was a considerable portion of the ileum, and a large piece of the colon with the appendicula vermiformis, together

ther with the small piece of omentum, which had constituted the original rupture. The parts were mortified, and the man died.

Unless it can be supposed, that so large a quantity of intestine could, by every body, be mistaken for a small one of omentum only, it must be clear, that the residence of that small piece of omentum gave the opportunity for the formation of the intestinal hernia, and cost the poor man his life; more especially if it be noted, that the increase of tumefaction, and attack of bad symptoms, were the immediate consequence of an exertion of strength.

## C A S E VI.

WHILE I was correcting these papers for the press, I was desired to go down to St. Katherine's to see a patient, who was supposed to be afflicted with an incarcerated hernia.

I found a man between sixty and seventy, whose scrotum was large and full, and, as I thought, contained both omentum and intestine.

It was the third day since he had had a stool, although gentle cathartics had been given each day. His pulse was rather full, but otherwise not much amiss; he had now and then an inclination to vomit, and his belly was very tense; but, on the other hand, he had neither the sensation of general or local pain, either upon being examined, or put into motion, which persons labouring under a stricture, most commonly

monly have; neither had the spermatic process the feel which it usually has in such cases.

I could not say that I thought him in immediate hazard, although the irreducibility of his rupture, and the length of time which had passed since he had a stool, were certainly unfavorable circumstances. I directed a tobacco-glyster to be given immediately, and five grains of extractum catharticum to be taken, alternis horis, until he should have a stool. The glyster was administered and repeated, and the pills were taken, and I visited the patient early the next morning.

He had not had any discharge per anum, his belly was become much more tense, and I thought him, upon the whole, so much worse, that I proposed the operation, and the patient submitted to it.

In the hernial sac was a large piece of omentum, or rather of what had been

omentum, but which was now hardened into a large, flat, cake, as incompressible as cold bees-wax, and about the size of a large mangoe; it distended all the upper part of the sac, and was adherent to the lower part of it: behind this large body lay a portion of the intestinum ileum, and below this, that part of the colon which is annexed to it: the colon was considerably distended with flatus, and the ileum was so wedged in and pressed, by the altered omentum, that nothing could possibly pass through it: when the portion of omentum was removed, the tendon made so little stricture on the gut, that, had it not been for the great distention of the colon, it might have been returned into the belly without division.

In short, the constipation of belly, and mischief proceeding from thence, seemed to arise intirely from compression made by the hardened omentum, and not from a stricture.

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In my general treatise on ruptures, I have ventured to dissent from the commonly-received doctrine concerning the propriety of tying the omentum, previous to its extirpation, when it may be found necessary to remove a part of it; and have said, that I thought it not only unnecessary, but pernicious.

Perhaps I may have conceived an unreasonable prejudice against this practice, and it may not appear to others so hazardous, or so improper, as it does to me; perhaps the cases, which follow, and which are some of those that have furnished me with my objections, may not be thought cases in point; and the miscarriages in them, may be thought to be deducible from other causes: all I can say is, that it appeared to me, that the patients suffered principally, if not merely, from this cause; and that as I am by repeated experience convinced, that a portion of the omentum, however

large, may be extirpated with perfect safety, without being previously tied, I shall never practise, or advise the ligature.

## C A S E VII.

**A** M A N, about thirty years old, was taken into St. Bartholomew's hospital for a considerable swelling of the groin and scrotum.

The account he gave of himself was as follows: That he had had, for several years, a rupture, which many surgeons, who had seen it, had deemed to be merely omental: that he had formerly had a truss, but whether from its being ill made, or from his injudicious manner of wearing it, it had never kept his rupture properly up, and he had long disused it; and that the day before he was brought into the hospital, a horse had kicked him in the groin, and brought on that increase of pain and swelling of which he now complained.

It

It was Mr. Nourse's week for accidents, and he consequently took the care of him. He was let blood, had a glyster, and a poultice was applied.

The next day the swelling was the same, and the man had not had any stool. A purge was administered, which he ejected by vomit; and another glyster was injected in the evening. On the third day, finding that nothing had passed, Mr. Nourse suspected, that the intestine was concerned: he bled the man again largely, and ordered two spoonfuls of a purging mixture to be given every two hours, until he should have stools. That evening he vomited two or three times, and next morning, being still without a stool, Mr. Nourse determined upon the operation.

The hernial sac was found, thick, and tough, and contained a portion of omentum, and some bloody water. Mr. Nourse and myself both examined the omentum, carefully,

carefully, upon a supposition that we should find some intestine within it. It was perfectly found, but its vessels were considerably dilated: there was no intestine, nor did the tendon bind upon the omentum. As there was no gut down, and as the portion of caul was now too large to repass the ring, Mr. Nourse made a strict ligature on it, just on this side, and cut it off.

Soon after the operation, the man had stools, but, during that night, got little or no sleep, and complained of much pain. The next day he was worse, was feverish, complained of great pain about his navel, and that he could not sit, or stand upright, but had two loose stools.

On the third day he was still worse, that is, had more fever, complained that his pain in his belly was excessive, and could keep nothing on his stomach. On the fourth day, toward evening, his pain suddenly left him, and, early the next morning, he died. Mr.

Mr. Nourse, who was still apprehensive that the intestinal canal was some way or other concerned in the mischief, desired me to open the body.

The abdominal tendon was found and unhurt, nor was there any such appearance about the wound as always accompanies mischief proceeding from thence: the intestines were perfectly free from blemish, inflammation, or obstruction, nor was there any appearance of disease of any kind on or about any of the viscera, except the omentum, which was gangrenous through its whole extent.

What share the inflammation of the omentum might have in preventing a free passage through the intestines I know not, nor to what other cause such obstruction might possibly be owing; but that the omentum was found, at the time of the operation, and gangrenous when the patient died, is beyond all doubt.

C A S E

## C A S E VIII.

A M A N about forty years old, who had for several years been afflicted with a rupture, which had always been deemed to be merely omental, was brought into St. Bartholomew's hospital, labouring under all the symptoms of an intestinal hernia, with stricture; and those so pressing, that the operation immediately performed was his only chance.

Upon dividing the sac, a large piece of omentum (which was considerably thickened in its texture, and whose vessels were considerably distended) presented itself. This was carefully expanded, as far as it would admit, and laid first on one side, and then on the other, but no other body discovered. The incision being continued higher up, in order to get at the ring, as it is called, a portion of intestine was discovered;

covered ; it was so small, as hardly to consist of the whole diameter of the gut, but begirt very tightly. I had, when the intestine was fairly in view, a mind to try whether I could not return it without dividing the tendon, and succeeded in the attempt. When this was done, the consideration was, what to do with the omentum. It was so large, and so affected by stricture, that it could not repass the abdominal tendon without division : as the gut was returned, it seemed a pity to divide the tendon merely on account of the caul : it was therefore determined to tie it, and cut it off.

The man had a plentiful stool in an hour after the operation, but toward evening, and during the night, was much out of order. Next morning he was hot and restless, had a frequent and full pulse, complained of great pain about his navel, and all over his belly, which was much too tense, and he was now and then very sick.

Blood

Blood was drawn from him freely, he had an oily, laxative, glyster, and Dr. Pitcairn directed for him. On the third day, all his febrile symptoms, and his pain, were much exasperated, notwithstanding he had three or four stools.

I think I may venture to say, that both the physician and myself, did every thing in our power for him, but on the fourth evening he died.

As the case had given me some concern, upon a supposition that the man might have had a better chance, had the tendon been divided for the return of the gut. I opened him as soon as I had notice of his death. I examined the whole intestinal canal, and found it free from blemish, the peritoneum was unaltered; but all that was left of the omentum was gangrenous.

C A S E

## C A S E IX.

A M A N, about thirty-six years old, was a patient in St. Bartholomew's for a fore leg. While he was there, he desired me to look at a rupture, which he had long had, and which was clearly omental and irreducible.

When his leg was well, he desired me to cut him, as he called it; alledging, that his rupture was so troublesome, that it prevented him from following his business. I refused it, and directed him to wear a suspensory bag.

He solicited me again and again, and, at last, overcame by his importunity, I performed the operation. The sac was thin, and the piece of omentum not large, nor at all altered, nor was there anything else in the bag. I made a ligature, and cut it off without meddling with the tendon.

don. From the time of the operation, he was in constant pain all over his belly.

Bleeding, laxative medicines, glysters, &c. were administered, but to no purpose. On the fourth day he died, and had no appearance of mischief about him, except a highly inflamed omentum.



*Inte-*

*Intestinal Herniæ.*

WHEN a portion of intestine, which has passed out from the cavity of the abdomen through the opening in the oblique muscle, is so begirt as not to be capable of executing its proper office, the person, to whom this happens, may be said to be in immediate danger.

The general offices of the intestinal tube are, digestion of the food, formation of chyle, impulsion of it into the lacteals, and expulsion of the fæces forth from the body. If these so necessary functions are, for any considerable time, suspended, or prevented, the consequence is too obvious to need mentioning: fortunately for mankind, this cannot happen unknown to us. Whenever such stricture is made, symptoms and complaints arise which warn us of our danger: pain, tumefaction, and incapacity of going to  
I stool,

stool, are the first and most immediate effects; if the case be neglected, or no proper remedy used, inflammation, fever, sickness, and vomiting, soon follow; and these are often, in a short space of time, succeeded by hiccough, gangrene, and mortification. Whoever considers, what the first of these are indications of, and knows what will inevitably be the consequence, if they be not obviated, must be sensible, that the very slightest attack of this kind ought to put us on our guard, and excite us to use our utmost endeavours to prevent farther mischief. How long the first, and seemingly slightest symptoms may continue, before material injury be done, no man can pretend to say; this must depend upon a variety of circumstances, and will be different in different cases; but as no man can be duly and intimately acquainted with these circumstances, and as the change from the most slight, to the most hazardous, is sometimes very rapid, no one can be vindicated in

in suffering the smallest portion of time to be lost by waiting a few hours.

The first thing to be done is, to attempt the reduction of the intestine; if this fails, our next endeavour must be to relieve the symptoms, and thereby remove the obstruction to such reduction.

The means prescribed for this purpose are, phlebotomy, glysters, cathartics, a femicupium, or warm-bath, fomentation, embrocation, and cataplasm; and these, by the generality of our writers of systems and institutes, are ordered indiscriminately, as if their efficacy were nearly equal, and it was a matter of indifference which a practitioner made use of. This I cannot conceive to be true; some of them are really useful; but others, as far as my experience goes, of little or no use at all; among the former, I reckon phlebotomy, cathartic-medicines, glysters, and the warm bath; among the latter, embrocation, fomentation, and poultice; the former have

saved many a life ; from the latter, I never  
 saw any material benefit, though I have  
 often and often tried them ; and I am  
 much inclined to believe, that the use of  
 them has cost many a person dear, by oc-  
 casioning a loss of that time, which ought  
 to have been otherwise employed. The  
 inflammation, and distention of the inte-  
 stine, can never be removed while it is be-  
 girt by the tendon of the abdominal mus-  
 cle ; whatever may be the original cause of  
 the stricture, the effect must be the same ;  
 the tendon lies out of the reach or influ-  
 ence of a greasy poultice ; the external  
 skin may indeed be relaxed by it, and some  
 small part of the uneasiness may thereby  
 be relieved, but this is of no importance  
 toward appeasing the symptoms, lessening  
 the hazard, or affording a remedy for the  
 original evil : the mere relaxation of the  
 skin will not affect the stricture made by  
 the tendon, the warmth of the poultice  
 will increase the distention, and the inte-  
 stine will become gangrenous, notwith-  
 standing

standing a small part of the external inflammation may seem to be appeased.\*

If the symptoms are neither such, nor so pressing, as to require the chirurgic operation; or if the fears and apprehensions of the patient, or of friends, prevent such operation, however necessary it may be, the most powerful, and most efficacious means of obtaining relief are, phlebotomy, warm-water, and the exhibition of such medicines as are likely to produce stools: by the first we reduce the strength of the patient, lessen the velocity of the circulating fluids, moderate the febrile heat, and take the chance of a deliquium; by the second we endeavour to relax the tendinous opening by which the intestine is begirt; and by the third, the

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discharge

\* Cold, discutient, applications, bid much fairer to retard the hasty progress of the inflammation, than warm ones; and will be found to answer the purpose much better. Such as solutions of sal ammoniac. crud. in vinegar, the sp. mindereri, the acet. lythargirit. and such like.

discharge of fæces, through the intestinal canal, is attempted. The power of the two first is clear and undoubted, but I cannot help thinking, that we are, in some degree, wrong about the last. Cathartic-medicines have, in all times, been prescribed in the case of hernia with stricture; but the true intention, which ought by their means to be aimed at, does not seem to have been, in general, clearly understood: this perhaps is the reason why practitioners and writers disagree so much about the kind of medicines which they think most proper; some advising those which are of the lenient unirritating kind, others prescribing those which are most stimulating: both cannot be right, and therefore it may be worth while to enquire, what should be the point aimed at, and which are the most likely means to accomplish such end.

Is a discharge, per anum, the primary view, and therefore the first object of attention? or is such discharge to be regarded only

only as a necessary, or natural consequence of the removal of the intestine from its prison? If the former be the case, it is clear, that in the circumstances in which such patient must be, stools cannot be procured too soon, or by means which are too easy; and that such medicines as are most likely to slip through without stimulus, or irritation, must be the most proper, and most likely to answer the end: but if the case be otherwise, if the first view should be to extricate the gut from its stricture, and the discharge of fæces is to be regarded only as a necessary consequence of such removal, then, I think, it is as clear, that such lenients are unfit, because unequal to the task; and that a power or faculty of stimulating or irritating the muscular coat of the intestinal canal, ought to be the property of whatever is administered.

That a depletion of that canal is a great and immediate relief to the patient, by unloading the belly, and lessening the tension, is beyond a doubt; and it is as true,

that without such discharge, the patient must perish, even though the stricture be taken off; but still the two objects are distinct and different, and the removal or extrication of the imprisoned piece is clearly the first.\*

When purgative medicines of any kind are given by the mouth, in the case of a strangulated hernia, and do not succeed in removing the intestine from the stricture, they are either rejected by vomit or by deriving

\* It may not improperly, in this place, be asked, whether the operation of a purging medicine may not be different from either of these? and whether it may not be in an incarcerated hernia what it sometimes is in an Ileus, where it often seems to act by overpowering that spasm which had begun to excite inflammation, and would soon bring on mortification? What still adds force to this method of reasoning is, the consideration of the great relief always obtained from a warm bath. Whether this be generally true or not, it is certainly well worth consideration. May not from this also be inferred, the reason why opium, joined with purgatives, is sometimes, in the same disease, found to render the operation of the latter more successful.

riving an increased quantity of acrimonious fæcal matter downward, add to the pain and tension of the belly.

This is a very material objection to the use of all cathartics, given by the mouth, and more especially to those whose bulk, or quantity is at all large, and renders the application of such kind of medicines, to that part of the intestinal canal which is below the stricture, much preferable.

Indeed the superior advantages of stimulating medicines, given per anum, are, in this case, many and great; they give much less disturbance to the stomach, they occasion no pain in the belly, nor do they at all increase the load or tension; they may be repeated frequently, and, what is of the most consequence, they may consist of such materials as cannot properly, or, indeed, safely be given by the mouth. All these are manifest advantages, but the last circumstance is peculiarly so, for the tobacco-smoke cannot possibly be swallowed,

lowed, nor would any man in his senses, think of putting the infusion into the stomach, although it is well known, not only that both may be very safely administered in the form of glyster, but that they are the most powerfully efficacious, and the most useful medicines we are acquainted with, for such purpose.

I have mentioned the smoak and the infusion of tobacco, as being equally useful, and have, from repeated experience, found them so.

Where a proper machine is at hand, or can easily be procured, I should certainly prefer the smoak to the infusion: because, the effects which both are apt to produce on the nervous system of the patient are, I think, lighter in the former, than in the latter; but where such machine has not been at hand, nor could be procured without a loss of time, which, in these cases, is always precious, I have frequently used the infusion, and generally very successfully.

fully. The symptoms arising from the intoxicating quality of the tobacco, the languor, the cold sweat, &c. which this weed causes, more especially in those who have not been accustomed to it, are, as I have said, I think, rather more from the infusion than from the smoke; but though I have often used it, I do not remember ever to have seen any ill effect from it; it generally makes the patient very sick,\* and produces a fainting and a cold sweat, which, to those who do not immediately reflect on the intoxicating quality of tobacco, and the symptoms of such intoxication, may appear alarming; but whether it be from the swooning, or from the irritation made in the intestinal canal, or, which is much most likely, from both conjointly, I have, several times, seen ruptures, which have resisted all attempts by the hand, return of themselves, untouched, during the influence of such glyster.

Many

\* The infusion, which I have always used, has been made by pouring one pint of boiling-water on one drachm of tobacco.

Many other stimulating applications to the rectum, I have, at different times, made trial of, but never found any at all equal, in effect, to the tobacco; nor did I ever see any of them produce that convulsive motion of the muscles of the abdomen, which most frequently accompanies the sickness attending the use of this weed, and which, although fatiguing and troublesome while it lasts, yet is certainly one of the means whereby the extrication of the portion of intestine is accomplished.

I have also several times seen them both fail, after fair and repeated trial. Whoever expects infallibility in medicine, will be disappointed; but I can, with truth, affirm, that I have seen both the smoak and the infusion succeed much oftener, than any thing else, and sometimes in very desperate cases.

C A S E

## C A S E X.

**I** W A S desired to visit a ruptured patient with Mr. James, then surgeon to St. Luke's hospital.

The patient was a stout, healthy man, about thirty; the rupture was large, hard, painful, and beginning to be inflamed on the outside; no stool had passed for two days; the man had great pain all over his belly, and a frequent vomiting. Mr. James had, many times, tried to reduce it; he had bled him freely, and had given both purges and glysters, but all without effect.

The scrotum was exceedingly tense, and the pain which attended the most gentle handling was so exquisite, as not only to render all attempts for reduction, by the hand, improper, but hazardous.

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It was about noon when I saw the man, every thing except the tobacco had been tried; the symptoms were advancing hastily, and the operation was proposed and submitted to; but while our things were getting ready, we thought we might as well try the smoke-glyster.

One ounce of tobacco was expended without any effect at all, either general or local, but toward the consumption of another, the patient became sick and faint, and complained of a strange kind of motion in his belly, and also in his rupture. Upon turning the bed-clothes back, the motion was not only to be felt within the scrotum, but was even visible; this motion continued about two minutes, when the intestine, without being touched, returned; the man became immediately easy; and, in half an hour, had a plentiful discharge per anum.

C A S E

## C A S E XI.

**I**N the month of September, 1767, I was sent for in a hurry to some little distance from London, in order to perform the operation for the bubonocoele.

I found a very large rupture, on the right side, and that in so painful a state, as not to permit the most gentle handling. The patient had been treated with the greatest propriety; had been freely and repeatedly let blood, had taken purging medicines, glysters, &c. and had been several times in a bathing-tub: his vomiting was frequent, he had a tendency to a hiccough, and he could not bear to extend, in the smallest degree, the thigh on the ruptured side.

The operation had been consented to, before I had been sent for; but upon my asking the gentleman who attended if he  
had

had a machine for giving the tobacco-smoak glyster, and being answered in the affirmative, we determined to try it first.

When about half an hour had been spent in the continual impulsion of the smoak, the man cried out, My rupture is going up; and, in the space of two or three minutes, it did so, with a noise which was heard by every one in the room.

## C A S E XII.

A Gentleman, whom I had long known, had often shewed me a rupture, which he had laboured under as long as he could remember, and which was now and then troublesome to him, because he could not wear a truss to keep it within the abdomen. It was of the congenial kind, that is, the sac of the hernia was formed by what should have been the tunica vaginalis testis, but his testicle, on that side, had

had never descended from the groin, but lay just on the outside of the abdominal opening, neither had the portion of intestine got any lower, so that both of them lay together, on which account he not only never could wear a truss, but even the waistband of his breeches, if buttoned tight, was troublesome.

This gentleman was suddenly seized with the symptoms of a stricture, and those not slight, even at the first attack. The piece of intestine, though always in the groin when he was in an erect posture, had always gone up upon his going to bed, and was always returnable when he was supine. He tried now to reduce it as usual. He sent for me, and all my attempts were equally successful. His belly was very hard, he began to vomit, and the testicle became very painful to the touch.

All the circumstances were disagreeable, the symptoms advanced with uncommon rapidity, the portion of gut was small, the

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testicle

testicle inflamed, and somewhat enlarged, an operation might become necessary, but could not, in such circumstances, be desirable.

He was bled freely, even to swooning, purging medicines were given, and immediately rejected, glysters had no effect, but were as immediately returned, and the patient, knowing his own situation, was much alarmed.

Dr. de la Cour, who was his physician, was called in; and having tried the tobacco-smoak, ineffectually, we agreed to throw up a pint of the infusion, made as before related. It soon made him exceedingly sick, and faint, and caused a large discharge of wind, upward and downward, from which I expected a return of the gut, but in vain. At the distance of an hour or two, the infusion was repeated, with the same effect of faintness and sickness, during which, he was put into warm water, and when he had been in it

it a few minutes, the slightest application of the hand obtained immediate reduction, and stools.

### C A S E XIII.

**T**H E late Mr. Fullager, desired me to go with him to see a wine-merchant in Billiter-lane, who had all the symptoms of strangulation in the case of a scrotal hernia, and whose rupture he had ineffectually endeavoured to reduce. I tried, and was also foiled. The symptoms were rather pressing. Mr. Smith, in Cheapside, who had been the apothecary to Mr. James's patient, was also apothecary here. It was determined, that I should meet Mr. Fullager again, in about three hours, in order to perform the operation; and that, in the mean time, Mr. Smith should throw up the tobacco-smoak. At the appointed time, we met, and found Mr. Smith employed as we had desired; I laid my hand on the rupture to examine the

state of it, and it was wonderful with what facility it went up.

The same thing exactly, happened to me with a coachman of the late Dr. Nicol of the Charter-house: but the same man, upon a return of the complaint, at about two years distance, was not again so fortunate, the smock and infusion both failed, and the operation was performed; but too late,

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It is as yet, with many, a disputed point, in the case of incarceration of a portion of intestine in a hernia, whether the stricture, made by the tendon, be original or consequential; or, in other words, whether the disease be not originally in the intestine, and the stricture a mere effect of its dislodgment, and distention. The arguments used in support of the latter opinion are by no means void of force, but, at the same time, I cannot think them conclusive. The perfect health and ease  
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of many, nay, of every body, immediately before a *sudden* descent, the very pressing and alarming symptoms with which such descent is often attended almost instantaneously, and the relief, which reduction immediately produces, in the majority of such cases, together with the immediate and total removal, or dissipation of all the evils occasioned by the confinement, seem to prove the general opinion to be true.

On the other hand, the perfectly quiet, easy, and uncompressed state of the parts, in many instances, immediately previous to the invasion of bad symptoms, in cases where there has been no exertion of strength, nor any apparent accession of a larger, and new portion of gut, are circumstances which, added to the incapacity of the tendon to contract, are well worth weighing, as they certainly give force to the former supposition.

As a mere point of speculation, it is not perhaps a matter of very great importance,

but, when considered as applied to practice, and influencing our conduct with regard to the chirurgic operation, it becomes very interesting indeed.

When the hand and the common means for reduction fail, the operation is our only resource, and, if applied to in time, very seldom fails; so seldom that, I believe I might venture to say, not one in fifty\* dies of it, if timely and judiciously executed; and when it becomes absolutely necessary, it is the unicum remedium. This consideration renders it a matter of still more importance; for, as in cases where it becomes necessary, and our only hope, it ought always to be proposed; for the same reasons, in cases where it is not necessary, it ought not to be thought of; and where it cannot be of use, it ought not to be done.

The intestinal tube, whether within the belly in its natural situation; or thrust forth  
from

\* I mean of the operation considered abstractedly.

from it in the form of hernia, is liable to diseases whose symptoms are peculiar to itself. Where there is no hernia, nobody doubts concerning the nature of the case; but where there is one, from the similarity of the symptoms, it always takes the blame; often deservedly, sometimes much the contrary.

In the case of old, unreduced hernias, there is no reason why the portion of intestine, forming such complaint, should be exempt from such distempers as the canal is liable to; on the contrary, it is reasonable to suppose, that by such unnatural situation and confinement, it would become rather more liable. But, be this as it may, certain it is, that inflammation of the intestine, violent distention of it, with loss of peristaltic motion, and stoppage of stools, is sometimes the case in a hernia where the abdominal tendon has no share in the mischief; and as certain it is, that, in such case, the operator can do no good. In some instances this may, by attentive inquisition,

tion, be learned, and the operation thereby preserved from a disgrace: in others, it can only be known by its proving unsuccessful.

When the disease is the mere consequence of stricture, and the gut, previous to such stricture, was free from distemper, it seldom, I might almost venture to say never happens, but that the setting it free is followed by a discharge per anum; especially if such intention be properly assisted: but when the disease was originally in the intestine, and the intestine either not bound by any stricture, or a stricture the mere consequence of the previous distemper of the gut, it most frequently happens, that such discharge does not follow the operation, nor is obtainable by any means after it. This I have always regarded as a characteristic mark of the true nature of the malady; to which I think, from what I have seen of those cases, I might add another, which is the great difficulty, and in some cases, impossibility of keeping

keeping the reduced intestine (after the operation) within the belly. A circumstance which I have seen sometimes to be absolutely impossible. In the cases where all the mischief arises from the mere prolapsus and stricture, the returned intestine becomes immediately pervious, and enjoying its peristaltic motion keeps its place, and does its office ; but where, by previous distemper, it is rendered impervious, and deprived of its motion, it cannot execute its office, it remains violently distended, and is, with great difficulty, kept within the belly, of which I could give many instances. This is, on several accounts, a matter of importance, both to patient and surgeon : with regard to the former, it is not merely the alarm, anxiety, horror, and pain, which necessarily attend an operation of such kind, and of such serious consequence, and which, of themselves, are surely enough ; but the distemper not residing in, nor being produced by the stricture, the necessary symptomatic fever, attending such an operation, must, in the  
nature

nature of things, be a circumstance of additional hazard: and, with regard to the surgeon, the difficulty of returning the distended intestine, and of keeping it in the belly after it has been returned, together with the most frequent, and indeed most probable event of such case, render it very unpleasant, and what every man would choose to avoid. No man can command success, but every man would wish to be in the way of it.

*Conge-*

*Congenial Herniæ.*

THE difference between these and other ruptures, is not a matter of mere anatomical speculation, there are in the former several particularities which require a practitioner's very serious attention, and which an operator ought always to be aware of.

The sac of a common hernia, every one knows, is formed by the protrusion of the peritoneum, through the natural opening in the tendon of the external, oblique, muscle of the abdomen. This sac, at first, extends no farther than the groin, but is, by means of its contents, gradually pushed lower and lower until it gets into the scrotum. It always lies anterior to the spermatic vessels, and is enveloped in the cellular membrane, which makes the tunica communis of the said vessels, forms a cavity perfectly distinct from the tunica vaginalis

nalis testis, and never does, or can contain, the testicle within it.

In the congenial hernia, the case is different; in this, the sac is not formed by the unnatural protrusion of a portion of the peritoneum, which ought to have remained within the belly, but is made by the unclosed, vaginal coat of the testicle; consequently the said sac, constantly and necessarily, contains within it, the testicle, together with whatever else may have passed from the abdomen to constitute the hernia, and which parts must therefore be in contact with the testicle.

From this particularity result some circumstances very necessary for a practitioner to be acquainted with. Such are the following.

1st. It sometimes happens that, in infants, a portion of intestine slips down along with the testicle, prevents the closing of the tunica vaginalis, and thereby constitutes the disease.

2d.

2d. It sometimes happens, that a portion of gut only comes down, the testicle never passing forth from the abdomen, or remaining in the groin, and falling no lower.

3d. In this species of hernia a stricture, or strictures, are sometimes met with, which are formed merely by the contraction or coarctation of the neck of the vaginal coat or sac, independant of the abdominal tendon. And,

4th. The parts contained in a common hernia, are liable to contract cohesions with each other, or with the sac, but in the congenial, both omentum and gut are liable to become connected with the testicle; which connection will, sometimes, demand all the judgment, and all the dexterity, of an operator. So that, nice and delicate as the operation of a bubonocoele is in the most simple and common case, it becomes much more so in the congenial rupture.

C A S E

## C A S E XIV.

**A** B O Y, about fourteen years old, was taken into St. Bartholomew's hospital for a strumous, lumbal, abscess, the matter of which had made its way out in the upper part of the thigh. The discharge was great, and the boy sinking apace.

While he lived, I took notice of a particular appearance on one side of the scrotum.

The spermatic process, at its exit from the belly, was large and full, and plainly contained something which should not be there, immediately below the fulness, the process was of little more than its natural size, but just above the testicle, it was again considerably enlarged, and had the same feel as above.

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The true state of the case remained in doubt till the boy died, at which time both the swellings were become manifestly less than they had been.

I opened his body, and examined the parts with some care. The tunica vaginalis testis was open to the abdomen, and contained a considerable portion of omentum, which portion reached quite down to the testicle, but did not adhere to it: in the midway between the abdominal opening and the testis, the hernial sac was so contracted, that the piece of caul, embraced by the contraction, was not extricable by any force, and was pressed into a firm, hard, substance; above and below, it was soft and expansile, but void of fat as in all emaciated subjects. This hernia, therefore, added to its other particularities, must have been incapable of reduction without an operation.

Much

Much about the same time, Mr. Reiley, a very ingenious gentleman, who was then under me at St. Bartholomew's, shewed me a congenial hernia in a child he had then in dissection, and in which a portion of intestine was begirt in the same manner so as to be perfectly inextricable ; but by division of the part.

Had the child lived, and, at any time, been under a necessity of submitting to the operation for a bubonocoele, this stricture, made by the sac only, and independant of the abdominal tendon, might have proved a very embarrassing circumstance in the operation, and have occasioned a difficulty which might not have been foreseen ; indeed, upon a view of it, after death, it appeared wonderful, how the intestine had executed its office during the child's short life.

C A S E

## C A S E XV.

**T**HOMAS Lever, a lad about seventeen years old, was sent to St. Bartholomew's by Mr. Gray, of Colchester. His complaint was a rupture which prevented his getting his bread, and which no body in the country had been able to reduce.

The account he gave of himself was as follows : That he had had the rupture as long as he could remember ; that it had always been down in the day, and up in the night, until within about six months past, when he had been thrown over a horse's head, and bruised against the pommel of the saddle ; that the blow gave him so great pain, at the time, as to occasion his swooning ; that the pain continued some hours, and was followed by inflammation and swelling, which lasted some days ; and that, from that time, he had never been able to get his rupture up.

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The scrotum was large and full, but not at all tense; it plainly contained a portion of intestine, but there was no symptom, nor any appearance of the smallest degree of stricture. Upon attempting reduction, some part of the gut passed easily and freely into the abdomen, but a considerable portion of it remained, nor could by any means be made to follow. The testicle was very distinguishable below, and seemed to be of its natural size, and in a natural state, except that from the epididymis there proceeded a small, hard, body, which body became tight, when the returnable part of the gut went into the belly, and seemed to be what hindered the return of the whole. The boy was in perfect health, had no obstruction to his discharge per anum, nor any complaint relative to the intestinal canal. A part of the intestine was, as I have already said, returnable with the greatest ease; but even this would not remain a moment after the finger which returned it was removed, not even

even in a supine posture. A compleat reduction was found impracticable, the parts were in such a state, that no benefit could be proposed from evacuation of any kind. To put a truss on was not only useless, but mischievous ; and to leave a boy of seventeen, who was to get his bread by hard labour, with his scrotum loaded with intestine, liable, by every exertion, to be increased, and by any inflammation to become strangulated, could not be thought of.

It was therefore, after very mature deliberation, deemed adviseable, to give him the very probable chance of a cure by an operation.

The very easy return of part of the gut into the belly, convinced me, that I must not expect to find any fluid in the sac, and the boy's own account satisfied me that the hernia was congenial, and had the tunica vaginalis for its sac.

I made my incision very cautiously, and found both these circumstances to be true. In the bag was a small portion of the ileum, and that part of the colon called the cæcum, with its appendicula vermiformis; the former was loose, but the latter was adherent to the epididymis and testicle. It took some little time to separate these connections in such manner, as to injure neither of the parts, but when that was accomplished, a very small division of the tendon served to obtain a compleat reduction of the whole, and the boy went home well in about six weeks.

If this lad had not undergone the operation at the time he did, and inflammation with stricture had, at any future time, attacked him, his chance of preservation would have been but small. The adhesion would have rendered reduction impracticable; but this not being known, would have, at least, occasioned a waste of time in unnecessary, fruitless attempts,  
 &c.

&c. unless it may be supposed that, after such attack, the intestine could be rendered pervious and capable of executing its office by means of purging, and stimulating medicines (which, in this situation of things, I am not much inclined to believe) it is clear, that nothing but the operation could have served him; which operation (the circumstance of adhesion not being known) would not, in all probability, have been proposed one minute too soon. Besides which, when all the parts were got into a state of inflammation, the separation of the cohesion might not, perhaps, have been executed so readily,

A case, in some degree like to this, was in St. Bartholomew's about a year ago under the care of Mr. Younge. It was in a boy about eleven years old. His scrotum was much enlarged, and contained something of considerable size; but there was neither pain, inflammation, tension, nor impediment, in going to stool: notwithstanding the absence of all bad symptoms,

the boy, from the mere size of the tumor, was prevented from doing any thing either by way of exercise or work.

The operation was performed, the hernia, which was congenial, was both intestinal, and omental. I am sure I am within the truth when I say, that there were ten different adhesions of the omentum to the sac, and two to the testicle: nor was this all, for the upper part of the sac was so narrow, that it might well have been mistaken for a stricture made by the tendon.

Had the portion of intestine, in this case, been at any time increased, so as to have produced a stricture, bad symptoms would soon have come on, and what trouble might not have been expected from parts so circumstanced; not one of which could have been known previously to the operation.

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A sudden attack of great pain in the belly, attended with sickness and vomiting, and an incapacity of going to stool, imply the probability of a rupture being the cause; especially if the person so attacked either has at that time, or has had one.

Pain in the belly, nausea, vomiting, and constipation, are the general symptoms of an obstruction in some part of the intestinal canal, and denote, among other things, a perversion, alteration, and, perhaps, sometimes, cessation of its peristaltic motion. They do not indeed point out what the particular cause may be; but let it be what it may, if it be not soon removed, the patient must sink.

An incarcerated hernia, as it is called, is a disease caused by such stricture made on a part of the intestinal canal, as not only

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stops its proper motion, and prevents the passage of the fæces through it, but also hinders the circulation of blood through its vessels, and very soon induces a mortification.

The same symptoms have sometimes been produced by an inflammation, or by a spasmodic affection of the same part in persons who, if they have had a hernia, have not had any stricture in it, and also in persons who have had no hernia at all.

The great, and material difference between the two cases is, that in the one the symptoms are occasioned by an affection of a part of the intestinal tube thrust forth from its natural situation within the belly, and begirt by a stricture; and in the other, they arise from an affection of a part of the same canal, not begirt, nor thrust forth, but remaining in its proper place. The general complaints attending each of these diseases are so alike, and are so very difficult to be distinguished from each other,

other, that whenever they appear to any violent degree, the places in which herniæ make their appearance, ought always to be inquired into or examined, more especially in women; for although the symptoms resemble each other so much, the causes of them are materially different, and render one an object of surgery, while the other is not at all so. Whoever reflects on these facts, must see the propriety, or, indeed, the necessity of such inquiry as may determine the true nature of the malady; that a rupture, if it be the cause, may be immediately reduced; or that not being the case, that the *passio iliaca* may be properly treated.

These circumstances are such, that the hazard or safety of the patient often depends upon them, and therefore require the very serious attention of the practitioner: but material as they are, they are not all, there are others which equally demand his regard.\* A

\* The observation of Platner, who says, "*Nec facile inveniuntur notæ quæ ostendunt ex qua occasione intestina laborant,*" is strictly just and true.

A rupture doth not preclude or prevent inflammation, or spasm, or whatever else may be the cause of mischief from attacking any other part of the intestinal canal not included within the hernial sac; neither doth it prevent the same kind of evils from falling on that part of the intestine which is within the sac, and thereby producing mischief independant of the rupture, although affecting the part within, or causing it: And it also sometimes happens, that persons afflicted with unreduced, or irreducible ruptures, are rendered incapable of discharging their fæces per anum, by causes which have not the least connection with, or dependance upon the rupture, or the intestine contained within it. Thus it becomes a surgeon's care, to endeavour to be able, not only to know when a hernia is the cause of bad symptoms, but also when it is not; as his conduct upon these different occasions, must be very materially different: for, on the one hand, if the mischief arises from the intestine

intestine being bound by a stricture, nothing but the reduction of it by the hand, or the setting it free by the chirurgic operation, can preserve the patient; but, on the other, if the symptoms proceed from another cause, even though the portion of intestine within the hernia should be the immediate seat of the evil, the attempts for reduction will be painful and vain, the operation at best useless, and most probably prejudicial; and if the seat and cause of the mischief be not within the rupture, both the last mentioned attempts become thereby still more improper, more useless, and more pernicious.

## C A S E XVI.

**A**N old gentleman, who had for many years had an irreturnable rupture of the mixed kind, and which I had often seen, was seized with the symptoms of an obstruction in the intestinal canal.

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He complained of great pain in his whole belly, but particularly about his navel; he was hot and restless, and had a frequent inclination to vomit; his pulse was full, hard, and frequent; and he had gone, contrary to his usual custom, three days without a stool.

I examined his rupture very carefully: the process was large and full, as usual, but not at all tense or painful upon being handled; his belly was much swollen and hard, and he could hardly bear the light pressure of a hand about his navel. Upon mature consideration of the whole I was of opinion, that his rupture had no share in his present complaints. But as some of his symptoms resembled those of a stricture, I desired that more advice might be had. A physician and surgeon were called: I gave them account of what I had seen of the case, of my opinion concerning the irreducibility of the rupture, and that it had no share in the present complaint;

plaint; at the same time desiring my colleague to examine for himself. We tried at reduction without success, but he thought that there was still a stricture. The Doctor ordered bleeding, glysters, and cathartics, the last were immediately rejected by vomit, and the glyster came away without any mixture of fæces. Bleeding was repeated ad deliquium, the tobacco-smoak was injected, but all to no purpose. The operation was proposed, but as the case did not appear to me to require it, I could not second the motion; it was, however, mentioned to the patient, who would not consent unless I would say that I thought it necessary, and believed it would be successful: I could not say either, because I believed neither. Every thing else that art could suggest or practise was tried; but, on the sixth day he died.

As it had been supposed, that I was wrong and positive, I was very glad that his friends chose to have him opened.

The

The hernial sac was thick and hard, and contained a large portion of omentum, a piece of the ileum, and a portion of the colon, all perfectly sound, free from inflammation or stricture, and irreturnable only from quantity. But the intestine jejunum, was greatly distended, highly inflamed, and, in some parts, sphacelated.

### C A S E      XVII.

**J**OHAN DEWELL, a man about thirty, was brought into St. Bartholomew's, labouring, as was supposed, under an incarcerated hernia. He had not had a stool for three days, although he had taken both purges and glysters; he vomited almost incessantly, his pulse was hard and frequent, but not full, and his countenance bespoke death.

He had a rupture; it was on the right side, was clearly intestinal, was soft, easy, occasioned

occasioned no pain upon being handled, and seemed to be capable of reduction; but, after many trials, I found that I could not accomplish that end, notwithstanding I used my utmost endeavours; all which gave the man no uneasiness, and therefore satisfied me, that his symptoms did not arise from his hernia, which was also the patient's own opinion.

Mr. Nourse coming into the ward, I desired him to look at the man: He thought, that notwithstanding the seemingly quiet state of the rupture, that a small portion of gut might be so engaged, as to cause his present mischief, and therefore that the operation was warrantable and proper.

Supposing it to be right at all, it could not be done too soon, and therefore we set about it immediately.

The hernial sac was formed by the tunica vaginalis, it contained a portion of intestine

testine ileum, which had contracted a slight cohesion with the testicle, but was so perfectly free from stricture that, when we had loosened it from its connection, we returned it into the belly without dividing the tendon.

I was, indeed, afraid that the man would have died before we could have got him to bed, but he lived till the next day.

A portion of the colon, within the belly, had been in a state of inflammation, was now plainly mortified, and quite black.

### C A S E XVIII.

**I** WAS desired to be present at the opening of the body of a gentleman, whose disease and death had occasioned some altercation among those who had attended him.

The

The account given of him while living was, that to the age of 56, he had enjoyed an uninterrupted state of health.

That, at the age of forty, he discovered a rupture, for which he immediately took advice, and put on a truss: that the truss not answering the purpose, he soon threw it aside, and suffered his rupture to take its course. That it gradually increased until it became both visible and troublesome. That he then applied to Mr. Sainthill, and Mr. Samuel Sharpe, both of whom endeavoured to reduce it, but in vain, and both advised him to wear a suspensory bag, which he, from that time, had constantly done. That, from that time, he had never complained of any uneasiness but what was occasioned by its mere weight. That he very seldom missed having a stool every morning. That, about two years before his death, he began to complain of frequent pain about his bladder and fundament. That these pains had affected him

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near

near three months before he found any alteration in his fæcal discharge, but that, from that time, he had been constantly costive; and, for the last six months, had never passed a stool without a very stimulating purge, and even then, with great difficulty. That he had frequently taken advice, had a variety of medicines prescribed, from none of which he ever reaped any other than the temporary benefit of purging. That, in all this time, no alteration had ever been found, or perceived in his rupture, either regarding its size, or any other circumstance. That, for seven or eight weeks before his death, he had worn a very morbid aspect, was become exceedingly emaciated, and had totally lost all appetite, his pains also being more frequent, and more acute. And that, for the last week, he neither had, nor could obtain any, the smallest degree, of stool.

This symptom had been, by those who were called to him last, attributed to  
his

his hernia; and the operation had been much pressed on one side, and objected to on the other.

The hernial sac was old, large, and thick, its contents, omentum, much hardened, and a considerable portion of the intestine ileum both perfectly sound and unaltered, and not bound by the smallest degree of stricture, the stomach, liver, spleen, and small intestines, without blemish, but considerably distended; but about five inches of that part of the colon nearest to the rectum was so contracted, that it was quite impervious, and so hardened, that it was like nothing so little as a portion of gut.

### C A S E XIX.

**A** M A N, about forty, was brought to St. Bartholomew's with a supposed incarcerated hernia.

He had a very swollen, tight, belly, a frequent pain, and vomiting, and no stools; and this had been the case for three days, during which time, very proper attempts had been made both for reduction and passage.

Neither the scrotum, nor the parts about the groin, seemed to indicate that the seat of the evil was there, although the parts were certainly too tense, and a portion of intestine was palpably in a hernial sac. It was Mr. Crane's week, who was out of London, and Mr. Edmund Pitt, who acted for him, desired me to assist in the operation; which was thought necessary, as no discharge per anum could be procured.

The hernial sac was of the congenial kind, and contained a portion of small intestine, which did not seem much, if at all, bound by the tendon, but it was so strongly and universally adherent to the neck of the sac, that it was impossible to think of separating it. A very unpleasant circumstance

circumstance this. All that could be done was, to set it free from all possible stricture, and if stools could be procured, to act afterwards as might be necessary.

Every means, of purge, glyster, &c. was used, but no passage procured; and, on the fourth day from that of his admission he died.

The piece of intestine, in the hernia, was that part of the ileum nearest to the colon, and which was in good order, only adherent; but higher up toward the jejunum, it was absolutely impervious for more than three inches in length.

I have seen two other cases so nearly similar, that I need not repeat them.

The following case has some circumstances which may possibly be worth the reader's notice.

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## C A S E XX.

**T**HOMAS MARSHALL, aged fifty-four, was brought into St. Bartholomew's hospital, on the 25th of May, 1764, with a large, painful, tumefied, scrotum. The account which he gave of himself was,

That, in his childhood, he had been afflicted with a gut-rupture, for which he had worn a truss until the rupture was supposed to have been cured. That he had always been a regular, temperate, and hard-working man. That, on the 23d of April, he felt, while he was at work, a sudden, violent, attack of a colic-pain, which, in a few hours, was followed by a slight purging. That, his pain not ceasing, he took some tincture of rhubarb, from which he had three or four more motions. That, in the evening of the second day, he found a considerable swelling

swelling in his groin and scrotum, on the side where his rupture had formerly been. That, on the third, he went to work again, although he had much pain in his belly, and a purging. That, on the fourth, he took something of the cordial kind, given him by a neighbour, and staid at home all that day, and the next, during which he was pretty easy, but had several loose stools. That, on the seventh day from that of his being first taken ill, he went to work again, but was again attacked with severe pain, and frequent vomiting, immediately after which he found the swelling in his scrotum considerably increased. That, from this time, he was so much, and so constantly uneasy, as to be obliged to keep his bed, it being the only place in which he could put himself in a tolerably easy posture. And that during the whole time, from the 29th of April to the 25th of May, he had very seldom had less than two stools every day, often more.

The man was much emaciated, had a quick pulse, a hot skin, and considerable thirst: the scrotum was now very much on the stretch, began to put on a purple kind of colour, and had, at the same time, a watry load in its cellular membrane, but palpably contained a large quantity of fluid in the tunica vaginalis testis. The whole tumor had a pyriform kind of figure; the spermatic process was hard and large, and clearly contained something which passed into it from the belly, but which something did not descend below the upper part of the scrotum, while the lower part of the same was so distended, as to be half way down the thigh, and was palpably filled by a fluid.

The state of the parts were such, that it became necessary to do something, lest they should mortify. I made, with all possible caution, an incision through the loaded integuments into the cavity of the tunica vaginalis, and gave discharge to near

a quart of the most offensive brown liquor : upon the discharge of this, the lower part all subsided ; but the upper remained the same. I then, with a crooked probe-pointed knife, divided the whole from below upward, and found that the bag containing the fluid was a congenial hernial sac, whose internal surface had all the appearance of being mortified, and that the body, in its upper part, was a portion of intestine. This portion had, on its surface, several black, and truly-sphacelated spots, some larger, and some smaller ; but the gut was still intire, and appeared moderately distended with wind. I passed my finger through the opening in the abdominal muscle, and could not find that it made the smallest degree of stricture, but found, at the same time, that the intestine was so firmly adherent to the sac that, in its present state, it was equally impossible to return, as to detach it. That night the man had two good stools, and next morning, when I expected to have found him dead, he was considerably better.

I again

I again examined the parts, to see whether the intestine could be returned, but again found that, had it been adviseable, it was impracticable. The third day he was still better, and had a figured stool.

As it appeared highly improbable, that the mortified spots on the gut should cast off without leaving a breach in the intestine; I thought, that the best that could happen, would be a discharge of fæces through the wound, at least for a time; but I was mistaken, for at the end of five days, during which he had taken the bark freely, all the eschars cast off, by a florid, good, incarnation, and leaving no breach at all, the man became easy, chearful, and began to take nourishment.

From this time, the portion of intestine in the groin, seemed daily to retire upward, and become less visible, and I began to entertain hope that we should see a very fortunate termination of this very miserable

able case. For the space of ten days he took the bark freely, and seemed every day better and better ; but, at the end of that time, he became again feverish and languid ; instead of his usual freedom of stool, none could be procured, and he died.

The prolapsed gut had retired so much, that, had the man lived, I make no doubt that it would have been included within the fore, and been firmly healed over : the places, which had been sphacelated, were quite healed ; but about four inches of that part of the intestine, which was just within the belly, was so contracted as to become quite impervious, and perfectly scirrhus.

The intelligent will, I make no doubt, remark on some parts of this case, and therefore I shall trouble him with one only, which is, that sphacelated spots on the surface of an intestine, are not always and absolutely a prohibition against returning such intestine into the belly.

C A S E

## C A S E XXI.

**I** WAS desired to meet Dr. De Valangin, Mr. Godman, and Mr. Boigue, in the case of a hernia with stricture.

The patient was a man about the middle of life, his rupture was, I think, on his left side, and when I saw him he had not had a stool for several days, though the usual means had been used. Upon examining the parts, they made as bad an appearance as possible: they had been tumid, full, and inflamed, they were now sunk, flaccid, and completely mortified, notwithstanding which I could not say, that the man appeared so near to death, as such an appearance would indicate, but, at the same time, so materially ill, that I could not suppose that he could receive any benefit from the art of surgery.

The

The true intent of the operation, that of setting the gut free from the stricture, was of no consideration here; the stricture had done all its mischief; if the man was to live, the mortified parts must cast off; and if he was to die, I thought it was better that we should not even appear to have a share in his death, by an operation, which I thought could not be serviceable, and might be misconstrued.

This was truly my opinion, and I gave it as such. But, overcome by the importunity of the patient's wife, and to avoid seeming to be either careless or brutal, I was prevailed on to divide the parts. The scrotum, integuments in the groin, and hernial sac, were completely, and truly mortified; the portion of intestine, which certainly was not less than three inches, was in the same state, sunk, empty, (having burst) and as black as a coal; the offence was terrible, but the man suffered no pain,

as the parts were totally void of sensation.

I contented myself with merely dividing the scrotum, and hernial sac, and left the rotten intestine as it was, lying in the groin on the outside of the ring, concluding that a very short space of time would determine the poor man's fate, and that not favorably. The gentlemen whom I had met, continued to attend, and to take care of him: the mortified parts cast off, he discharged his fæces through his wound for some time, but that, in no great length of time, ceased, and within the space of a month, I saw him in very good health, discharging all his fæces per anum, and having only a small, clean, and healing fore, where his wound had been. How the fæces passed from the ileum to the colon after the mortified parts were thrown off, I am, considering the size of the portion of gut, really at a loss to account for; but very sure I am, that if the advice given by all writers,

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ters, in these cases, to cut off the piece of mortified intestine, and fasten the sound part to the upper part of the wound, had been followed, the man would have passed the remainder of his life in a much more unpleasant manner.



*Hernia*

*Hernia vesicæ urinariæ.*

A Hernia formed by a protrusion of a portion of the urinary bladder, thro' the opening in the abdominal muscle into the groin or scrotum is a disease, sometimes, but not very frequently, met with.

It has been taken notice of by many writers of character, and has been accurately described by Monf. Verdier, and Mr. Samuel Sharpe.

Whoever is acquainted with the structure and disposition of the peritoneum, without which knowledge he cannot understand a hernia at all, knows that the bladder is only covered in part by that membrane, and that its inferior and lateral parts lie on the outside of it, in the tela cellulosa.

That

That portion of the bladder, which is liable to this protrusion, is not covered by the peritoneum, consequently when it is thrust forth it does not carry with it any part of the said membrane; and, therefore, cannot have, what is called, a hernial sac; in which it differs from every other kind of hernia.

The two following are the only cases I ever met with.

## C A S E XXII.

A Poor fellow, who worked with a farmer at Islington, came to St. Bartholomew's with a large, troublesome, swelling in his scrotum. The tumor was large, tense, of a pyriform figure, palpably contained a fluid, gave no pain but from its weight when full, and had every mark of a hydrocele, except that the testicle was perfectly distinguishable at its bottom.

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While I was hesitating concerning this circumstance, the man said, Sir, I can get rid of it all by pissing, but it fills again in a few hours, especially if I drink.

Upon my seeming to disbelieve what he said, he took up his scrotum, and squeezing it together with some violence, discharged the whole by the urethra.

### C A S E XXIII.

A B O Y, about six years old, was seized with an acute pain about the region of the pubes; it lasted near an hour and half, and suddenly ceasing, he became perfectly easy. During the time his pain lasted he could not discharge a drop of water, though he endeavoured so to do, but, as it ceased he pissed freely. In a few days after, a small tumour was discovered about the size of a pea, in the spermatic process, just below the groin: it gave the  
child

child no pain, and therefore no notice was taken of it. By slow degrees it descended lower and lower, and, as it descended, it seemed to increase in size: when it had got to the upper part of the scrotum, it was observed to be considerably enlarged; and the boy now found himself more frequently urged to make water; but without pain or difficulty. He was examined by a practitioner or two in his neighbourhood, who, not knowing what to make of it, advised the letting it alone. Within the space of five years it got down to the bottom of the scrotum, and when it was there it was observed to increase much faster than it had done before. The boy was at a considerable distance from London, and it ill-suited his friends to send him thither, so that another year passed before he was sent up; which was done at the age of thirteen, the swelling being now troublesome upon any motion.

Some, who first saw him, deemed it a scirrhus testicle, and advised castration, to

which the friends of the boy would not submit.

From the most careful examination I could make, I could not think that it was formed by the testicle; but, on the other hand, I could not find any testicle on that side.

The swelling was perfectly equal in its surface, was indolent, had a stony, incompressible kind of hardness, was troublesome from its weight, but never occasioned pain in the back or loins: it had all the appearance of being dependant from the spermatic process; which process, though it had neither the feel, nor the appearance of being diseased, yet was larger than it should be, and than that on the other side. The perfect equality of the tumor, its being perfectly free from pain, even when pressed hard, and its extreme incompressibility, led me to believe it was not the testicle; but this was merely negative information. The trouble it now gave the boy,

boy, and its disposition to increase, seemed to authorise its removal, and the state both of the part, and of the child, were no prohibitions. I therefore proposed and undertook it. I made an incision through the skin and cellular membrane, the whole length of the process and scrotum, by means of which I discovered a firm, white, membranous bag, or cyst, connected loosely with the cellular membrane in the same manner as a hernial sac. I dissected all the anterior part of this bag, quite clean, and found that, as I traced it upward, it became narrower, and seemed to proceed from the upper part of the groin. This determined me to try if I could not clear it from its posterior connection; in doing which I discovered a testicle which lay immediately behind the body forming the tumor, and was small, flat, and compressed.

The dissection of this, and of the spermatic chord, from the bag and from its neck, which I was obliged to do in order to preserve the testicle, took up some time,

and gave me some trouble ; but, when I had finished it, I found that the cyst was dependant from, and continuous with, a membranous duct about the breadth of the largest wheat-straw, or, what it was more like to, a human ureter, which passed out from the abdomen through the opening in the muscle.

When I had perfectly cleared this duct from all connection with the spermatic chord, I cut it off immediately above the tumor, and upon the division, there issued forth about four ounces of a clear liquor, and the mouth of the cyst, expanding itself, disclosed a stone, exactly resembling what is found in the human bladder.

As there was not the least appearance of fluid, either in the bag or in its neck, before the division, its immediate effusion, and the appearance of the stone, induced me to believe, that the case was a hernia cystica. In order to be certain, I staid some time ; and when I thought that some  
 quantity

quantity of urine might have passed from the kidneys, I desired the boy to try to make water : he did so, and a large stream of urine flowing through the wound, instead of the urethra, put the matter out of all doubt.

He was dressed superficially, had no one bad symptom, though a portion of the bladder was totally removed : his urine came through the wound in his groin for about a fortnight ; but as that wound healed, it resumed its natural course, and the patient has remained free from complaint ever since, except that the natural size of his bladder being lessened by the extirpation of a part, he is obliged to discharge his urine rather more frequently.

## C A S E XXIV.

*An Ovarian Hernia.*

A Healthy young woman about 23, was taken into St. Bartholomew's hospital on account of two small swellings, one in each groin, which for some months had been so painful, that she could not do her work as a servant.

The tumors were perfectly free from inflammation, were soft, unequal in their surface, very moveable, and lay just on the outside of the tendinous opening in each of the oblique muscles, through which they seemed to have passed.

The woman was in full health, large breasted, stout, and menstruated regularly, had no obstruction to the discharge per anum, nor any complaint but what arose from the uneasiness these tumors gave her,  
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when she stooped or moved so as to press them.

She was the patient of Mr. Nourse. He let her blood and purged her, and took all possible pains to return the parts through the openings through which they had clearly passed out.

He found all his attempts fruitless, as did Mr. Sainthill and myself, and the woman being incapacitated from getting her bread, and desirous to submit to any thing for relief, it was agreed to remove them.

The skin and membrana adiposa being divided, a fine membranous bag came into view, in which was a body so exactly resembling a human ovarium, that it was impossible to take it for any thing else; a ligature was made on it, close to the tendon, and it was cut off. The same operation was done on the other side, and the appearance, both at the time of operating, and

and in the examination of the parts removed, were exactly the same.

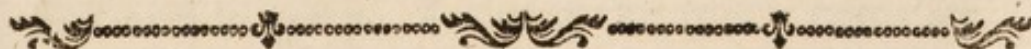
She has enjoyed good health ever since, but is become thinner and more apparently muscular; here breasts, which were large, are gone; nor has she ever menstruated since the operation, which is now some years.



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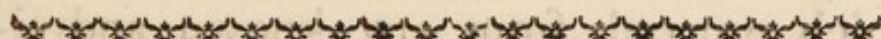
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THE powers and virtues of the  


  
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 Peruvian bark are known to al-  
 most every practitioner in phy-  
 sick and surgery. Among the many cases in  
 which its merit is particularly and justly  
 celebrated, are the distempers called gan-  
 grene and mortification ; its general power  
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of stopping the one, and resisting the other, have made no inconsiderable addition to the success of the chirurgic art; but still there is a particular species even of these, in which this noble medicine most frequently fails: I mean that particular kind, which, beginning at the extremity of one or more of the small toes, does, in more or less time, pass on to the foot and ankle, and sometimes to a part of the leg, and in spite of all the aid of physick and surgery, most commonly destroys the patient.

It is very unlike to the mortification from inflammation, to that from external cold, from ligature, or bandage, or to that which proceeds from any known and visible cause, and this as well in its attack as in its process. In some few instances it makes its appearance with little or no pain; but in by much the majority of these cases, the patients feel great uneasiness through the whole foot and joint of the ankle, particularly in the night, even before these parts show any mark of distemper, or before

fore there is any other than a small discoloured spot on the end of one of the little toes.

It generally makes its first appearance on the inside, or at the extremity of one of the smaller toes; by a small, black, or bluish spot: from this spot the cuticle is always found to be detached, and the skin under it to be of a dark red colour.

If the patient has lately cut his nails, or corn, it is most frequently, though very unjustly, set to the account of such operation.

Its progress in different subjects, and under different circumstances, is different; in some it is slow and long in passing from toe to toe, and from thence to the foot and ankle; in others its progress is rapid, and horridly painful: it generally begins on the inside of each small toe, before it is visible either on its under or upper part; and when it makes its attack on the foot,  
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the upper part of it first shows its distempered state, by tumefaction, change of colour, and sometimes by vesication, but wherever it is, one of the first marks of it is a separation or detachment of the cuticle.

Each sex is liable to it; but for one female, in whom I have met with it, I think I may say, that I have seen it in, at least, twenty males. I think also that, I have much more often found it in the rich and voluptuous, than in the labouring poor; more often in great eaters, than free drinkers. It frequently happens to persons advanced in life, but is, by no means, peculiar to old age. It is not, in general, preceded or accompanied by apparent distemperature either of the part, or of the habit. I do not know any particular kind of constitution which is more liable to it than another; but, as far as my observation goes, I think that I have most frequently observed it to attack those who have been subject to flying, uncertain, pains

pains in their feet, which they have called gouty, and but seldom in those who have been accustomed to have the gout regularly and fairly. It has, by some, been supposed to arise from an ossification of vessels; but for this opinion I never could find any foundation but mere conjecture.

The common method of treating this distemper is, by spirituous fomentations, cataplasms actually and potentially warm, by dressings of the digestive kind, as they are called, animated with warm, pungent, oils and balsams, &c. and, internally, by the Peruvian bark.

I wish I could say that this, which, with little alteration, has been the general practice, had been most frequently, or even often successful; but I am, from long, and repeated experience, obliged to say, that it has not.

I am sensible that many of my readers will be surprized at my affirming, that the  
O Peruvian

Peruvian bark will not stop a mortification, a distemper in which, for some years, it has been regarded as specific; but I must beg not to be misunderstood: I mean to confine my observation and my objection to this particular species of mortification, which I regard as being *sui generis*: and under this restriction I must repeat, that I have seldom, if ever, seen the bark successful: in all other cases, wherein it is used or recommended, no man has a higher opinion of it; but in this I cannot give it a praise which it does not deserve.

I believe I may venture to say, that I have tried it as fairly, as fully, and as variously, as any man has, or can: I have given it in the largest quantity, at the shortest intervals, and for the longest possible space; that is, as long as the patient's life would permit: I have given it by itself in decoction, extract, and substance; I have combined all these together; I have joined it with nitre, *sal absynth.* with snakeroot, with *confect. cardiac.* with volatile

latile salts, and with musk, as different circumstances seemed to require, or admit: I have used it as fomentation, as poultice, as dressing; I have assisted it with every thing which has been usually thought capable of procuring, or assisting digestion; still the distemper has continued its course, perhaps a little more slowly, but still it has ended in death.

I am sorry to rob one of our great medicines of any part of its supposed merit, but, as on the one hand, its claim, in this instance, is unjust, and as, on the other, I hope to add as much to the character of another, the *res medica* will be no sufferer.

Some time ago, I had a patient labouring under this complaint, who, from antipathy, obstinacy, or some other cause, could not be prevailed on to take bark in any form whatever. I made use of every argument, but to no purpose: fomentation, poultice, and the usual dressings, were applied in the usual manner; the dis-

ease advanced some days more, some days less, and, at the end of a fortnight, the small toes were all completely mortified, the great one become blackish, the foot much swollen, altered in colour, and the disease seeming to advance with such hasty strides, that I supposed a very few days would determine the event. The pain in the foot and ankle was so great, and so continual, as totally to deprive the patient of sleep. On this account, and merely to procure some remission, I gave two grains of opium at night, which not having the desired effect, I repeated it in the morning. Finding, during the following day, some advantage, I repeated the same dose night and morning, for three days; at the end of which time the patient became quite easy, and the appearances on the foot and ankle were visibly more favourable. Encouraged by this, I increased the quantity of the medicine, giving one grain every three or four hours, taking care to watch its narcotic effect, and to keep the belly empty by glysters. In nine days  
from

from the first administration of the opium, all the tumefaction of the foot and ankle totally subsided, the skin recovered its natural colour, and all the mortified parts plainly began to separate; in another week they were all loose, and casting off, the matter was good, and the incarnation florid.

During the whole of this time, I continued the use of the opium, varying its quantity, as circumstances required, but never gave less than three or four grains in twenty-four hours.

When the sloughs were all cast off, the bones separated, and I had only a clean sore to dress and heal, I gradually left off the medicine.

I am very willing to acknowledge, that however well-pleased I might be with the event of this case, yet I really regarded it as accidental; so much so, that having very soon after another opportunity, I did not

care to trust to opium alone, but joined the bark with it. The event was equally fortunate. But although I had joined the cortex with the extractum thebaicum, and did therefore attribute the success to their united powers, yet the effect was so very unlike to what I had ever seen from the bark without opium, that I could not avoid seriously, and often reflecting on it, and determining to use it by itself, whenever another opportunity should offer. I did so, and succeeded in the same happy manner, though under the very disagreeable circumstances of seventy years of age, a broken, distempered constitution, and the disease making a hasty progress.

To relate cases which are nearly, or at least materially similar, is of no use: I shall therefore only say, that every opportunity, which I have had since of making the experiment, has still more and more convinced me of the great value and utility of this medicine, and of its power of rescuing from destruction, persons under this affliction.

I can-

I cannot say that it has never failed me, it certainly has ; but then it has been under such circumstances, as I think would fairly account for the failure.

I should be exceedingly sorry to be misunderstood ; I should be still more so to mislead any body, and therefore I beg it may be noticed, that I do not propose the extractum thebaicum, in this case, as an universal, infallible specific ; I know, from experience, that it is not ; but as I also know, from repeated experience, that it will, under proper management and direction, do more than any, or than all other medicines ; and that I have, by means of it, saved some lives, which, I am very sure, would, under the common, and most approved method of treatment, without it, have been lost, I could not answer to myself the not communicating what I had observed.

If this was an experiment, in which the life or limb, or health of the patient, was in any degree endangered, or by which the person, on whom it may be tried, could, in any degree, be injured, I should have withheld what I now publish, until a greater length of time, and more experience, had rendered it still more absolutely certain; and I should have thought myself strictly vindicable in so doing; but as this is a medicine, whose general effects are well known, and which is, at the same time, so capable of direction and management, that it is almost impossible for any person who deserves to be trusted with medicine at all, to do any material harm with it, I thought it would be wrong and unjust to conceal what had occurred to me, lest I might thereby deprive the afflicted of an assistance which, I verily believe, is not to be obtained from any other quarter.

In short, from what I have seen and done, I am perfectly convinced that, by  
its

its means, and by its means solely, I have saved lives which, without it, must have been lost.

If it preserves a few of those, who are so unfortunate to labour under this nasty, painful, lingering, and destructive disorder, to which we are all liable, and which has hitherto, most frequently, foiled all attempts of art, I shall be sincerely glad to have contributed to so good an end: if it should prove in other hands as successful as it has with me, I shall be still more so; but, on the other hand, if, after several times giving me reason to believe, and hope that it would prove an instrument for the preservation of many, it should, upon more repeated trial, be found to fail, I shall be sorry for the event, but shall still think, that I did right in communicating what I had seen, and thereby endeavouring to be useful to mankind.

Hoc opus, hoc studium, parvi propere-  
mus et ampli,

Si patriæ volumus, si nobis vivere cari.

If

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If I am right in my conjecture concerning this hazardous and destructive malady ; and if the method which I have proposed and practised, should prove as successful in the hands of others as it has in mine, I cannot help thinking, that the external or chirurgic treatment of the disorder might be amended ; that is, might be made to coincide more than it does at present with such soothing kind of plan.

Since I have had reason to embrace this opinion, and to act in conformity to it, I have found more advantage from frequently soaking the foot and ankle in warm milk, than from any spirituous, or aromatic fomentations whatever ; that is, I have found the one more capable of alleviating the pain, which such patients almost always feel, than the other ; which circumstance I regard as a very material one. Pain is always an evil, but in this particular

particular case, I look upon it as being singularly so. Whatever heats, irritates, stimulates, or gives uneasiness, appears to me always to increase the disorder, and to add to the rapidity of its progress; and, on the contrary, I have always found, that whatever tended merely to calm, to appease, and to relax, at least retarded the mischief if it did no more.

The whole plan of the chirurgic treatment of this disease, is founded on a general idea of warming, invigorating, stimulating, and resisting putrefaction, and the means generally made use of are very proper for such purpose: but I must own that I think the purpose, or intention, to be improper.

Upon this principle, the old theriaca Londinensis, and the present cataplasma e Cymino, have been, and still are, so freely used on this occasion. A composition of this kind, if it does anything, must heat and stimulate, and it is by heating and stimulating

mulating the skin, to which it is applied, that it so frequently does that mischief which I am confident it often does, tho' such mischief is set to the account of the nature of the disorder. Cases exactly similar, in all circumstances, are not to be met with every day, but I am from experience convinced, that of two, as nearly similar as may be, in point of pain, if the one be treated in the usual manner, with a warm, stimulating, cataplasm, and the other only with a poultice made of the fine farina feminis lini, in boiling milk or water mixed with ung. sambuc. or fresh butter, that the pain, and the progress of the distemper, will be much greater and quicker in the former than in the latter.

When the black, or mortified spot has fairly made its appearance on one or more of the toes, it is the general practice to scarify or cut into such altered part with the point of a knife or lancet. If this incision be made merely to learn whether the part be mortified or not, it is altogether

ther unnecessary, the detachment of the cuticle, and the colour of the skin, render that a decided point: if it be not made quite through the eschar, it can serve no purpose at all; if it be made quite thro', as there is no confined fluid to give discharge to, it can only serve to convey such medicines as may be applied for the purpose of procuring digestion to parts capable of feeling their influence, and on this account they are supposed to be beneficial, and therefore right.

When the upper part of the foot begins to part with its cuticle and to change colour, it is a practice with many to scarify immediately; here, as in the preceding instance, if the scarifications be too superficial, they must be useless, if they be so deep, as to cause a slight hæmorrhage, and to reach the parts, which have not yet lost their sensibility, they must do what indeed they are generally intended to do, that is, give the medicines, which shall be applied, an opportunity of acting on such parts.

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The medicines most frequently made use of for this purpose are, like the theriaca, chosen for this supposed activity ; and consist of the warm, pungent, oils and balsams, whose action must necessarily be to stimulate and irritate : from these qualities they most frequently excite pain, which, according to my idea of the disease, is diametrically opposite to the proper curative intention ; and this I am convinced of from repeated experience.

The dressings cannot consist of materials which are too soft and lenient ; nor are any scarifications necessary for their application. But I would go farther and say, that scarifications are not only useless, but in my opinion, prejudicial, by exciting pain, the great, and chiefly to be dreaded evil, in this complaint. The poultice should be also soft, smooth, and unirritating ; its intention should be merely to soften and relax ; it should comprehend the whole foot, ankle, and part of the leg ;  
and

and should always be so moist, or greasy as not to be likely to become at all dry or hard, between one dressing and another.

I will trouble the reader with only one remark more.

When the toes are, to all appearance, perfectly mortified, and seem so loose as to be capable of being easily taken away, it is, in general, thought right to remove them. However rotten and loose they may seem to be, or really are, yet while they hold on, they hold by something which is still endowed with sensation, as may always be known, if they be bent back or twisted with any degree of violence.

I will not enter into a dispute about the sensibility or insensibility of ligaments, nor undertake to determine whether they be ligaments or any other kind of parts which still maintain the connection of the toes with their own respective joints, or with the metatarsal bones ; it is sufficient for me to know,  
and

and to inform the young practitioner, that however loose they may seem, yet if they be violently twisted off, or the parts, by which they hang, be divided, a very considerable degree of pain will most commonly attend such operation, which therefore had much better be avoided ; and that I have seen this very pain thus produced, bring on fresh mischief, and that of the gangrenous kind.

If the patient does well, these parts will certainly drop off, if he does not, no good can arise from removing them.

F I N I S.