

of a "bael fruit," soft and elastic on pressure, neck rigid and hard, percussion note dull all over except at the neck, where it was resonant, no impulse on coughing, no gurgling, the right testicle was pushed down at the bottom of the scrotum, a linear depressed cicatrix, about 3 inches long, over the right groin, marked the site of former operation. The patient had a subnormal temperature, 96° F., with small intermittent and slow pulse. He had no vomiting and no stool since the descent of the hernia, but he was restless on account of a severe dragging pain in the tumour. Steady and well applied taxis under chloroform for 15 minutes, even after the emptying of a hydrocele sac of 6 ozs. of fluid, failed to reduce the rupture. Operation for the relief of strangulation at once decided and performed by Dr. McLeod under chloroform and with strict antiseptic precautions 2½ hours after admission. Sac exposed by an oblique incision, 3 inches long, over the right groin, band of stricture outside the neck of the sac freely divided by a hernia knife and taxis re-applied. This, however, did not reduce the hernia, consequently the sac was opened, its cavity contained a large mass of intestine, a little omentum, and some highly tinted fluid. The coils of intestine formed a double loop, one passing through the other, besides being adherent to each other by old adhesions; the vermiform appendix about 5 inches long was also found floating within the sac; a portion of the healthy intestine was drawn down. On examining the herniated gut, a greater portion of it was found of a dark mahogany colour from intense congestion; and a rent about 1 inch long detected in the peritoneal coat; the coils of intestine could not be separated on account of old cicatricial adhesions, consequently the whole of the herniated structures were carefully replaced by gently manipulating with the index fingers of both hands. The sac was next dissected out from all attachments, ligatured at the neck by several knots of catgut thread, and amputated at the level of the external ring. Pillars and conjoined tendons brought together by a double catgut thread passed through a hernia needle in two places, in order to close effectively the widened ring. The wound was now washed with strong carbolic lotion, and closed with interrupted wire and horse hair stitches; a counter-opening made of the right side of the scrotum, and a drainage tube passed through it as far as the lower angle of the hernial wound. Dressings of boracic lint and carbolic gauze applied. After the operation, the patient had slight tympanitis and tenderness over the abdomen for about four days. His temperature continued subnormal for two days, but reaction setting in it rose to 107° F. on the next day. Being a high caste Brahmin, he was kept exclusively on milk-diet, and allowed Tinct. Camph. Co. Tinct. Cardamom Co. and Spt.

Ammon. Aromat, of each (3 ss.) half a drachm, every four hours, for the first four days. On the fifth day bowels moved freely, and much of the abdominal tenderness and tympanitis subsided. The drainage tube was removed on the third day after the operation, and the wound dressed altogether 16 times at intervals of two to four days with antiseptic dressings. It healed up partly by first intention and partly by granulation in course of a month. Patient remained in hospital for one month and eight days, and was discharged cured with a well fitting truss on the 4th April 1884. At the time of discharge the inguinal canal was found completely obliterated, there being no impulse on coughing beyond the internal ring, slight thickening of the cord remained. It is now thirteen months since the operation, and the patient is attending to the daily avocation of his life without any trouble, and there is no sign of the recurrence of the hernia.

*Remarks.*—In this case the intense congestion of the herniated structures, and the rent in the peritoneal coat of the bowel, following upon a strangulation of four hours' duration, can be only accounted for by the tightness of the stricture. Further, it clearly proves the necessity of prompt operative interference in cases of strangulated hernia, when a few hours' delay may end in disastrous results. Another fact of importance in this case is, that although the herniated bowels, when put back into the abdomen, were a mass of intricate coils matted together by old adhesions of a fibrous nature, yet, by the wonderful adaptation of nature, no untoward symptoms followed.

#### PETE TOWN DISPENSARY, BANGALORE.

#### POTENTIAL CAPACITY OF THE BLADDER, AND RETENTION OF URINE IN AN INFANT.

BY APOTHECARY S. ARNOLD.

A NATIVE child, six months old, robust and healthy looking, was brought to the dispensary apparently in great pain, restless, and constantly crying. The abdomen was enormously distended and tense, and there was a dark appearance around the umbilicus, as of some congestion in irregular patches. The parent stated that the child had not passed urine for three whole days, though the bowels were frequently and scantily moved. The stoppage of urination was sudden. I found the bladder very much distended. There was no sign of any kind of discharge from the urethra. I introduced elastic catheter No. 1, and found an impediment about the neck of the bladder, evidently spasmodic, for some gentle pressure overcame it, and the catheter entered the bladder without the stilette, and the urine dribbled away for about eight hours, when it ceased, and 36 ounces were measured.

As the urine dribbled away, the child's sufferings were markedly relieved, the distention of the abdomen reduced, and sleep supervened, with marked improvement on the child's countenance and general appearance. A small dose of castor oil and tr. opii was administered. Fomentations and a hip-bath ordered and carried out.

*2nd day.*—The child was brought again, not having passed any urine since the previous evening. Bowels moved twice. Hip-bath and fomentations given. Elastic catheter No. 1 again introduced, and 8 oz. of urine dribbled away in about six hours. Friction of camphor oil over lower belly; fomentations; a mixture tr. ferri, spts. æth. nit., and tr. hyoseyami every four hours.

*3rd day.*—Child presented again with the same complaint. Elastic catheter No. 1 introduced, and urine dribbled away 6 oz. in about six hours. Friction and fomentations continued, as also the mixture, with the addition of tr. of nux vomica.

*4th day.*—Child brought again with the same complaint. Elastic catheter No. 2 was passed, and the urine came away in a small and forcible stream both through the catheter as also by its side, showing, as I thought, that the bladder has regained its contractile power. The urine this day was whitish, and deposited a white sediment.

*5th day.*—Child brought with the cheerful report by the parent that the urine had been passed naturally, in a good stream and quantity.

*Remarks.*—My chief object in reporting this case is to show the large quantity of urine which the bladder held without rupturing. The enormous distention must have brought on paralysis of the bladder, which yielded to the treatment on the fourth day, probably aided by the action of the nux vomica used on the third day.

#### ETAWAH POLICE HOSPITAL.

##### CASE OF PERSISTENT HICCOUGH TREATED SUCCESSFULLY BY ERGOT.

[Reported by Assistant-Surgeon NIL RATTAN BANERJI.]

BUNSI SINGH, a Hindu police constable, aged 25 years, came to the hospital on the 1st October 1884, saying that, since four days, he had been troubled with hiccough. The hospital assistant gave him thirty minims Spt. of chloroform in an ounce of water. In the evening he returned with the same complaint, and had another dose of the same medicine. On the morning of 2nd October 1884, he was no better, and was admitted as an indoor patient. A purgative was given, and a blister applied over the stomach, and a mixture containing one minim each of creasote dilute hydrocyanic acid, spirit sulph. ether 15m., and water one ounce, every four hours.

As no permanent relief was obtained, an hypodermic injection of  $\frac{1}{4}$  gr. hydrochlorate of morphia was given at about 10 A. M., and the patient remained well for some three or four hours. I found him at 4 P. M., sitting up on his bed, with his body bent forward, and hiccoughs coming on every half a minute. His forehead and body were cold, and bedewed with perspiration. His pulse was weak and compressible, and his tongue was slightly furred. He vomited some liquid, with mucus, now and then. The patient answered my questions very feebly, and complained of a burning pain in chest, and sense of suffocation. I gave a hypodermic injection of five minims of dilute hydrocyanic acid, with half grain of morphia in 20 minims of water into the left arm, and ordered a large enema, as the purgative given in the morning had not acted well; and I prescribed a dose of sleeping draught to be given at night. The abdomen was examined thoroughly for hernia, &c., but neither tenderness, nor hernia, were discovered. Next morning I found that the enema given the previous evening had produced copious stools and scybalæ had come away, but the patient had no sleep, except for few minutes towards the morning.

On the 4th October, the patient's condition was in no way improved. The hiccough had continued, and he was becoming extremely exhausted. Chloroform was given as inhalation, one dram rendered the patient insensible, and the inhalation was repeated by twenty drops, whenever he recovered consciousness. One ounce of chloroform was used. The patient felt easier for two hours, but again the hiccough returned.

As all the ordinary medicines had been tried and failed, Dr. Bonavia, the Civil Surgeon, proposed ergot, and one dram of liquid extract of ergot was given at about midday on the 4th October, and the same dose was repeated every two hours. The hiccough commenced to abate after the first dose, and after the fourth dose, it entirely disappeared. The patient was kept in the hospital for a month, but the hiccough never returned again.

The interesting points of this case are: that there appeared to be no obstruction in any part of the intestinal tube or any indication of hernia; the persistence of hiccough in spite of all sedatives, counter-irritants, &c., although it was often mitigated for a few hours; it appeared to be purely nervous hiccough. The ergot was tried, because of its known action on muscular fibre. It answered admirably, diminishing the frequency of the hiccough and after some doses stopping it entirely. In the opinion of the Civil Surgeon the cause of this hiccough was a chill. It occurred during the time when the whole district was suffering from intermittent fever.