Wounds of the Intestines.—We need not tell our readers that a puncture of the intestines becomes immediately closed by the mucous membrane surrounding the wound. Or that it is a question not yet decided whether it be advisable in possible cases to apply a ligature or suture to the part, or to allow the bowels to return into the abdomen and trust to arresting their action until effusion and adhesion shall have thoroughly secured the opening.

The late Doctor Wolfred Nelson used frequently to inform his students of a case of strangulated hernia, in which he succeeded in saving his patient by making a transverse incision in the protruding intestine for the evacuation of the fæces, although the sudden return of the bowel, as the contents escaped, had rendered the subsequent application of a suture impossible.

In quoting the following from the Madras Quarterly of July '63 we do so not only because of its interesting features, but as having a bearing upon the question at issue.

Wound of Abdomen; Protrusion and Perforation of Intestines; Recovery. By M. C. Fennell, Zillah Surgeon, Tellicherry.

Raman Tier, Æt. 22, was admitted Dec. 14th. The history was, that on the previous day (13th) he was, in the morning, gored by a bull; that at first there was little if any protusion of intestines but from being carried a long distance, first to the police thannah, and then to Tellicherry, several miles from where the accident occurred, the protrusion gradually took place. When seen by me there was a lap full of intestines covered with a thin cloth adherent to them, and the whole was dry and begrimed with dirt. The man was pale and depressed, had slight hiccough and a fluttering pulse.

Having administered some wine, I removed the cloth and washed the intestines with warm water and a soft sponge, and proceeded to return them. After a few coils had been introduced, there suddenly took place a squirt of bloody, grumous fæcal matter from the piece of intestine in my hand, the first intimation I had of its being perforated; the hole was easily found large enough to admit the end of an unmade quill. I proceeded to pass a ligature round this by pinching up the gut in my forceps; the attempt made matters worse; so soft and congested had become the coats of the intestines, they tore and broke down under the forceps. It was determined then to try and sew the hole up with a fine needle and thread, and a messenger was sent to obtain the needle. Whilst he was gone, I continued to return the coil, and found to my astonishment, that, although firm pressure was needed to push the intestine through the small aperture of exit, no more fæcal matter exuded; the hole seemed effectually plugged by the mucous membrane from inside. Under these circumstances the intestines were returned as they were, without any suture, and the external wound of the abdominal parietes closed.

There was immediately given to the patient—

At 6 A. M.—Tinct. Opii. ℥ i. in Port-wine ℥ ii.

7 A. M.—Tinct. Opii. m xl.

8 A. M.—The patient not being asleep, Tinct. Opii. m xl. was repeated.

1 P. M.—Tinct. Opii. m xl. in Port-wine ℥ iss. He slept about an hour after this, and continued drowsy and quiet.

8. P. M.—Sleeping. 9. P. M.—Tinct. Opii. m xl., wine ℥ iss.

11. P. M.—Tinct. Opii. m xl., wine ℥ iss.

12. P. M.—Tinct. Opii. m xl. repeated.

So that he took ℥ v. of Tinct. Opii. in the 12 hours, from 6 A. M. to 12 at night.

15th, 6 A. M.—Slept well during the night; is thirsty; lies in a comfortable position; breathing easily. Skin warm; pulse 84; abdomen not hard, not painful on pressure; tongue furred; looks drowsy; has not micturated.

To continue the opium during the day sufficiently to keep up this drowsy state.

8 P. M.—Skin warm and moist; tongue moist; abdomen somewhat tumid; pulse 96, inclined to be hard; complains of thirst.

Passed catheter;—Tinct. Opii. M xl. at once; may have fresh cocoanut milk to drink.

16th, 6 A. M.—Lying comfortably; skin warm and soft; pulse 80, moderate volume; tongue dry and furred, with a bright red streak down centre; abdomen less puffy, soft, bears pressure tolerably. It is now 68 hours since his abdomen was perforated, and 48 hours since we returned the intestines.

To have opium again during the day; may now have a little conjee water and the cocoanut milk.

8 P. M.—Attempted to pass catheter, as he had not urinated since it was last used; failed; he is in every respect better.

He has had during the day Tinct. Opii. ℥ i. in two doses; to have at bed time 40 minims more.

17th.—Slept well; looks comfortable; passed a quantity of urine after my departure last night. Skin warm and moist; pulse 76; tongue becoming moist and losing its red streak.

Dressed the wound and took out the stitches; about half an ounce of thick laudable pus exuded.

From this time the man progressed without a bad symptom. On the 26th, twelve days from admission, the bowels not having been moved, he was ordered a warm water enema, which brought away a quantity of very offensive fæces. After this the bowels acted regularly, and he was discharged on the 24th January quite recovered.

TREATMENT OF IMPOTENCE.

By William Acton, M.R.C.S.

Considering the nature of the causes of impotence, it is not wonderful that, in the face of serious nervous or organic lesions, the prognosis must be generally unfavorable, especially in the more severe cases, or in those instances in which the affection has been of long standing. Experience tells us that, even where the only cause is early abuse, and too great demands upon the nervous system at a time when it was unequal to its duties, the condition can only be remedied, if at all, by strengthening the constitution generally, and allowing it to rally and repose; in fact, by pursuing the exactly opposite course to that which has brought about the complaint. It is certainly not by a few doses of physic, or the administration of any stimulant or quack remedy, that we can expect restitution of power, even where there is no physical lesion or condition which renders the case hopeless. There is great difficulty, however, in applying even the proper treatment to these melancholy cases. The hardest part of the medical man's task often is to rouse the patient from the depression which impotence induces, and to overcome the dreadful self-