

INGUINAL HERNIA—REDUCTION IN THE ERECT POSTURE

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Mr. H—, aged 35, called me in the evening of the 19th to prescribe for a "cold" which he alleged had settled in his bowels. He had been teaming grain and returning late without sufficient clothing, had apparently contracted the present disorder.

I gave him an anodyne diaphoretic to be followed in the morning by a purgative draught.—20th Abatement of fever, pulse natural, no movement of the bowels. Symptoms, however, somewhat puzzling, pain localized. Made careful exploration of the inguinal canal, and *felt* something abnormal around the ring on the right side. Gave, nevertheless a pill of opium and blue mass, to be followed up as before and hinted to patient the possibility of a partial rupture. Made arrangements to call next morning, but was suddenly summoned in the night. Distinct symptoms of peritonitis, vomiting pathognomonic posture, and a countenance expressive of great anxiety—cough. A glance at the parts gave ocular proof of a complete hernia about the size and shape of a small tomato. Told my patient his condition, and immediately ordered a large enema containing one drachm of laudanum.

The moment of its action, I placed him in the approved position, and set about the returning of the bowel. It was plainly strangulated. Enema came away in the midst of procedures, with a small quantity of fecal matter the first for four or five days. Laboured patiently and anxiously for an hour and a half, but with hopeless progress.

Was debating in my own mind the propriety of calling immediate counsel, and proceed to relieve with the knife. Next resolved to give chloroform a fair trial, and in case of failure, act according to circumstances. Suddenly bethought myself of attempting reduction in the erect posture—a method much spoken of in the Medical Press. Accordingly, I made my patient stand perfectly erect with knees in apposition. Syncope supervening had to desist. Gave fifteen minutes rest, and recommenced attempts at reduction. Gave a little whiskey and ammonia.