

extended practice, when I have had to deal with these kind of amputations occurring in the first or second phalanx. The greatest trouble which has befallen me is in convincing the patients of the possibility of union; they regard it a piece of folly, and have become quite impertinent when I have refused to remove the dressings; for the stench which always accompanies fresh wounds has appeared to them as the result of a putrid condition of the replaced parts.

To convince Pell this was not the case, I passed the point of a needle to the tip of one of his fingers, and he speedily gave audible evidence, that sensibility at least was restored. Firmness and determination, however, on the part of the surgeon, will generally compel these ignorant people to persist unto the prescribed end.—*Dublin Med. Journal*, Jan. 11th, 1862.

#### STRANGULATED FEMORAL HERNIA IN A PATIENT AGED 95 YEARS.

From the *Lancet* of January 11, 1862, we glean the following notice of a unique case of the above description from the pen of Robert Harper, L.R.C.P.E. at Holbeach, England. Dr. Harper in May 17th, 1861, was requested to visit an elderly lady, Miss S. B——, aged 95, of strong mental powers. He found her laboring under all the symptoms of strangulated femoral hernia, with extreme abdominal tendency, constipation for four days, and persistent vomiting during the preceding eighteen hours. A hernial protrusion was detected, but too tender to permit much manipulation on the use of the taxis. An operation, after consultation with Mr. Ewen of Long Sutton, was immediately proposed; the patient hesitated at first, but finally agreed.

In the evening it was accordingly performed. The sac opened, the gut was found of a port-wine colour, and so tightly strangulated, that the operator had the greatest difficulty in getting the hernia knife through the strictured part. After some trouble, however, this was effected and the croil returned. The necessary sutures were applied with a pad of lint and a bandage, and the patient put to bed, after which an opiate was administered. The emesis ceased immediately after the operation and the pain and tenderness also subsided. The bowels acted on the third day after a dose of castor oil. On the fourth day the sutures were removed, and the wound was found healed for two thirds of its length. On the thirteenth day it was entirely healed. She died however seven weeks after the performance of the operation, apparently from the exhaustion produced by repeated losses of blood, twice profusely, from bleeding hemorrhoids, which her age and enfeebled constitution seemed incapable of withstanding.

Dr. Harper observes that this patient is the oldest on which the operation has been performed, and unquestionably its success was manifest, as she died from other causes unconnected with the hernia. The age of the oldest on whom the operation had been performed, and of which there is record, Dr. Harper found to be eighty-five.—*Abridged from Lancet*, by Ed. B. A. J.

#### ARTIFICIAL ANUS.

A very interesting case, in which an operation for such an anus was performed, has been published in the *Bulletin de Thérapeutique* of Oct. 30th. The child was born with an imperforate anus in 1852; and, in spite of a very careful and prolonged dissection, the late M. Amussat could not find, though his finger reached quite within the pelvis, the cul-de-sac of the imperforate bowel. It was now a question whether the search should be carried further and at random into the pelvis, or whether a lumbar anus should be made. M. Amussat on consultation with the medical men present, amongst whom was his son, decided on the