

"is no reason to apprehend effusion into the abdominal cavity on the separation of the eschar."

Benjamin Bell, eighty years ago, held all wounding of the bowels in great horror, and recommended that every tear or opening should be regularly darned up; and to be quite sure that all was right and tight, it were better to thrust one portion of the gut into another and stitch it neatly all round. In order that no mistake should occur, he published a well-executed drawing of the manner in which this handy job was to be accomplished.

Some thirty years later, his celebrated kinsman, John Bell, took him severely to task for his curious contrivance, and showed the extreme absurdity of such a proceeding. But before Benjamin Bell's time, the great German surgeon Richter, in his *Elements of Surgery*, used these sensible words: "That surgeon acts most prudently in leaving the union of a divided intestine entirely to nature."

The distinguished Petit, commenting upon some of the remarkable cases of perforation of the bowels that had been much boasted of, correctly observes: *Les guérisons qui paraissent miraculeuses sont dues plutôt à la nature qu'à l'art.*"

John Bell again remarks, and in my opinion, most judiciously: "That if there be in all surgery a work of supererogation, it is the operation of sewing up a wounded gut." I may, by the way, be permitted to remark, that nothing has been written on the subject of wounds in general, to be at all compared with John Bell's valuable work on wounds, and although published fifty years since, every surgeon of the present day would derive from it the most useful information, such as he is not likely to get in a similar manner in any other quarter, even at the present day.

A country surgeon, at a distance from all advice, and fearing to operate secondarily, for a scrotal hernia, would, in my opinion, be justified, in the case of a large tumour, in puncturing it with a trocar to give vent to its contents, which are always of a liquid nature, and containing much gas besides. The gut being emptied, would recede, if Lawrence's words are true, and I take them to be perfectly true: "If the rupture should be made the highest point of the abdomen the return of the parts and the removal of the other viscera from the neighbourhood of the ring may be favored by gravity." It would be well to elevate the glutei considerably the more to facilitate the return of the bowel by inducing as it were *internal traction*. At all events the hint is too valuable not to deserve attention.

P.S.—The following paragraph from the *London Medical Times* of the 22nd ult., is a most fit pendant to the foregoing article:—

"The following fact is worth noting, *à propos* of an operation for the reduction of strangulated hernia lately practised successfully by Mr. Jessop. Mr. Larry stated at the Surgical Society of Paris, that in 1849 he met with the following case at the Hospital of Gros-Caillon. A soldier, 23 years old, came into Hospital with strangulated hernia. Taxis was long tried, but in vain; and all the other usual remedies: operation seemed the only resource left. Mr. Larry determined, however, to try previously a mechanical manoeuvre. He therefore had the man placed on a stretcher, and carried up stairs with his head downward. While being shaken by the movement of the porters, an assistant gently rubbed his abdomen, and another at the same time gently compressed the tumor. Before the top of the stairs was reached, the hernia was completely reduced.

Montreal, January, 1861.