

has drawn a more accurate picture of the delightful climate of Naples than the late President of the Royal Society.

"In Rome and its surrounding deserts, every thing depicts the death of Nature. In Naples and its environs, all evinces her vigour and activity—an *activity that preys on itself—a feverish vitality that consumes while it brightens. The air is fire, the soil a furnace. Sunbeams bring death! And the earth when struck sends up burning vapours.*"*

But, as many months may not elapse before we have an opportunity of more fully exposing our views respecting the effects of an Italian climate on health and disease, we shall drop the subject for the present.

III.

MR. GEOGHAGAN ON HERNIA.

IN the year 1811, Mr. Geoghagan, a surgeon of some eminence in Dublin, published some observations on strangulated hernia in the Edinburgh Medical and Surgical Journal, in which he advocated the propriety of cold applications, bleeding, and other means, before proceeding immediately to the taxis—on the principle, or, at least, the hypothesis that inflammation was the cause of the stricture or strangulation.

"The surgeon (says he) who is impressed with the notion, that he is to cure *inflamed hernia*, will never place his patient on his head, and toss him about; such practice may increase, but cannot abate the tumefaction, which is the *sine qua non*; he will not attempt to push it by force through an aperture which bears no proportion to its dimension. No: he will proceed as in all cases of visceral inflammation, enjoin composure, and hold firmly in his view, that UNTIL THE OBSTRUCTION IN THE INTESTINE, which is the effect of inflammation, is removed, its replacement will not cure, and ought not to be attempted. He will return the her-

nia after the inflammatory stage, when it can be done with safety, as curative of hernia, but not of strangulation, as it is termed. That the operation has very often terminated fatally, although less frequently than formerly, must be acknowledged. The cause assigned for this termination has generally been, that it was performed too late, to which I assent, in a great measure; but I particularly attribute it to a mistaken view of the disease, and the practice founded upon that view. It is represented as if entangled, and to be disengaged by jolting the entire body, and forcing with the finger and entire hand, &c. &c. which is by no means calculated to remove the contents (although it does so sometimes per accident) and must aggravate the symptoms so as to render future operation unavailing. I consider the jolting as improper as it would be in enteritis. The French surgeons succeed more frequently than we do, which is attributed to operating early: I attribute their success to bleeding, which they carry to great extent, and to their avoiding manual efforts very much. Desault forbid them altogether; indeed their chief reliance is on bleeding. The many cases recorded, my own experience and view of the disease, warrant me in believing, that if the hands were not applied, but strict attention paid to composure and position, and bleeding particularly attended to, that the operation would be less frequently necessary and oftener successful. I conduct the manipulation in the manner an elastic bottle or a bladder is emptied when administering an enema. It is last in my order of treatment before the knife; first with every one else. The representation of all our modern writers, that the gut is girt as if bound by a cord, strongly opposes their own practice, as to the taxis, by supposing an immoveable state, which every touch of the fingers must inflame, and still further enlarge, whilst the indication is to diminish."

More recently Mr. G. has published a letter to Mr. Abernethy on the same subject. In this letter he reiterates his conviction that the strangulation consists in an "impervious gut, pro

* Lady Morgan.

tempore, caused by inflammation, confining the contents, which, being highly pungent, and stagnant, greatly aggravate the symptoms." The usual pressure of the tumour so inflamed against stiff tendinous borders, he observes, irritates the gut, favours derangement of structure, and produces adhesion, thus effecting permanent obliteration of the tube, when this state has continued long.

IV.

TRIAL OF CAPTAIN MOIR.

DR. VENABLES has put forth (in the Medical Gazette) a rather elaborate and sharp series of medico-legal commentaries on the late memorable trial of Captain Moir. It is but too notorious that, when medical men get entangled in forensic questions, they generally come out of court second best. Even if an individual happens to acquit himself with ability, it is almost certainly at the expense of some of his brethren, and consequently at the expense of the profession generally. Whenever a question of medical jurisprudence is mooted in a court of justice, each side may command as many opinions, at direct variance with each other, as they choose to issue subpœnas for—the result of which is, and must be, a degradation of the profession itself, in the eyes of the world. It is not with doctors as with lawyers:—the latter are paid for making black appear white; and their contradictory sentiments are looked for as efforts of ingenuity in the cause of their clients. But, when two medical men offer the most dissimilar evidence upon matters of science, the natural conclusion drawn by the public is, that there is no science, but mere conjecture in the case!

The rare example of unanimity among the medical witnesses, in Capt. Moir's trial, was owing to the circumstance that they were all on one side—that of the prosecution. Had the defendant's counsel called any, there would have been an exhibition of the usual con-

fecting testimony. Dr. Venables was in attendance, but not called. The series of strictures which he has published on the merits of the evidence and of the judgment of the court, shews that, had he had an opportunity, he would have endeavoured to impugn the one, and alter the other.

Dr. Venables condemns the treatment pursued in the case of Captain Moir's victim, and desires to shew that this maltreatment may have modified the result of the wound—that is, that it may have tended to the fatal trismus that caused the patient's death. The gist of the evidence produced by the chief professional witness, is contained in the following passage:—

"I found the deceased at Mrs. Baker's cottage, sitting by the fire. Upon examining him, I found that he was wounded in the right arm, which was much swollen both above and below the elbow-joint, but not at the joint itself. There was a wound on the inner side of the right arm, a little above the elbow, and also one in the opposite direction, a little above the olecranon, as if a ball had passed through; there was profuse hæmorrhage, but it had ceased. I called for some brandy, and gave the man a little, because he was exceedingly faint; I then applied a piece of linen to the wound, which bled a little while I was there. Before I left I put a tourniquet loosely on the arm, explaining the use of it to the attendant. *There was no bone fractured.*"

The remainder of the treatment we do not think worthy of much notice. The surgeon and those who were called in, found it necessary to bleed for the reduction of excitement—locked-jaw ensued—and the patient died. The main ground of censure taken up by Dr. Venables is the exhibition of brandy to a man who had lost a considerable quantity of blood after a gun-shot wound, but who was able to sit up by the fire. We do not mean to approve or even to sanction the procedure in question. It was apparently an unnecessary—perhaps an injudicious, or even injurious exhibition. That it may have accelerated and somewhat increased the sub-