eaſineſs is perceived over the whole abdomen ; and this pain is always rendered worſe by coughing, sneezing, or any vio­lent exertion. The patient complains of nauſea ; frequent retching ; can get no diſcharge by ſtool ; becomes hot and reſtleſs ; and the pulſe is commonly found quick and hard. When the ſwelling is formed entirely by a portion of gut, if no feces be contained in it, it has a ſmooth, equal sur­face ; and is eaſily compreſſible, but inſtantly returns to its former ſize on the pressure being removed : but, in gut-rup­tures of long ſtanding, where hard faeces have collected in the protruded bowels, considerable inequalities are detected. When again the tumor is compoſed both of gut and omen­tum, its appearance is always unequal, it feels ſoft and ſomewhat like dough, and of courſe is not ſo elaſtic as when part of the inteſtinal tube only is down ; for although, like the other, it is compreſſible, it does not ſo readily regain its former dimenſions on the preſſure being taken off.

It will be readily ſupposed, that the ſymptoms we have deſcribed never can happen from the preſence of omen­tum *only :* For although ſtricture produced on a portion of omentum, even when no part of the inteſtinal tube is down, does now and then occaſion a good deal of diſtreſs, ſuch as pain in the part, ſickneſs, vomiting, and twitching pains through the whole belly ; yet no obſtruction of the gut ever occurs from this, and of courſe none of the ſymp­toms ever prove ſo alarming as when any part of gut is af­fected. If theſe ſymptoms we have deſcribed as being pro duced by a ſtrangulated gut, are not now obviated by a re­moval of the ſtricture which produced them, the nauſea and retching terminate in frequent vomitings, firſt of a bilious, and afterwards of a more fetid matter ; the belly becomes tense ; the pain turns more violent ; a diſtreſſing convulſive hickup comes on ; the fever, which before was not apparently of much conſequence, now becomes very for­midable ; and a total want of rest, with a very diſagreeable ſtate of anxiety, continues through the whole courſe of the complaint. — Theſe ſymptoms having gone on with violence for ſome time, the patient is at laſt commonly relieved in a ſudden from all manner of pain ; and then he flatters himſelf that all danger is over. But inſtead of that, the pulſe, from having been hard and frequent, becomes languid and interrupted ; cold ſweat breaks out over the whole body, but eſpecially on the extremities ; the eyes acquire a kind of languor ; the tenſeneſs of the abdomen ſubſides, and the ſwelling of the part affected diſappears ; the teguments co­vering the parts, which before were either of a natural ap­pearance, or had ſomewhat of a reddiſh inflamed caſt, now acquire a livid hue, and a windy crepitous feel is diſtinguiſhable all over the courſe of the ſwelling. If the protruded parts have not of themſelves gone entirely up, their return is now in general eaſily effected by a ſmall degree of preſ­ſure, and the patient then diſcharges freely by ſtool ; but the cold ſweats increaſing, the hickup turns more vio­lent, and death itſelf is at laſt uſhered in by its uſual fore­runners, ſubultus tendinum, and other convulsive twitchings.

Theſe are the ordinary ſymptoms of what is termed a *ſtrangulated* or *incarcerated gut-hernia :* that is, when the parts protruded become ſo affected by ſtricture as to pro­duce pain ; and do not either return to their natural ſituations on the patient’s getting into a horizontal poſture, or cannot even be immediately replaced by the hands of a prac­titioner.

In whatever ſituation a ſtrangulated hernia occurs, the only rational method of cure, it is evident, muſt conſiſt in the removal of that ſtricture which prevents the return of the protruded parts. It is that ſtricture which ought to be conſidered as the cauſe of all the miſchief ; and unleſs it be removed, nothing effectual can be done for the relief of the patient.

Various methods have been attempted by practitioners for the removal of ſtricture in theſe diſorders ; all of which may be comprehended under two general heads.

I. Such as effect a reduction of the protruded parts, with­out the interposition of inciſion or any chirurgical operation properly ſo called ; and,

II. A diviſion of the parts producing the ſtricture, ſo as to admit of a replacement of the deranged viscera, conſtituting what is termed the *operation for the hernia.*

The remedies to be employed for accompliſhing the firſt of theſe are, a proper poſture of the patient, with the ma­nual aſſiſtance of a practitioner ; blood-letting, ſtimulating clyſters, opiates, the warm bath, and proper applications to the tumor itſelf. If theſe fail, there is then no other means of cure left but the operation of dividing the integu­ments, and replacing the viſcera.

As soon as the aſſiſtance of a practitioner is desired for the removal of ſymptoms in caſes of hernia, the firſt circumſtance requiring his attention is the placing of his patient in such a poſture as will moſt probably favour the return of the protruded parts. Placing the patient’s feet over the ſhoulders of another perſon, while his body is allowed to hang downwards, and cauſing him to be a good deal jolted about, has on ſome occaſions anſwered when other means have failed.

The ſurgeon ſhould at the same time endeavour to aſſiſt the return of the bowels, by means of gentle preſſure with his hands and fingers. In the inguinal or ſcrotal hernia, this preſſure ſhould be made obliquely upwards and outwards to correspond with the opening in the external oblique muſcle; in the femoral hernia it ought to be made directly upwards ; in the Umbilical and ventral hernia directly backwards.—— The ſwelling ſhould be graſped with one hand at the bot­tom, while with the fingers of the other hand an attempt is made to puſh gently the contents of the tumor into their place, always obſerving that the parts laſt protruded be firſt reduced. This operation is by authors termed the *taxis.*

When the means now mentioned have failed, no remedy affords more relief than blood-letting. The quantity to be drawn ought chiefly to be determined by the ſtrength of the patient. There is ſcarcely any diseaſe, however, where ſuch large quantities of blood can with propriety be taken from weak people. Blooding till the patient is in a ſtate of deliquium animi, is frequently known to produce a more effectual relaxation of the muſcles than can be done by any other means. On that account it is ſometimes adviſed in caſes of hernia, and the practice is now and then attended with advantage.

As an obſtinate coſtiveneſs is commonly one of the most alarming ſymptoms of hernia, it has been a common prac­tice to exhibit a variety of ſtimulating purgatives both by the mouth and anus ; but they are very ſeldom of much ſervice, and in that case almoſt universally do injury, by increasing not only the ſickneſs at ſtomach, but the tension and pain of the tumor. When they are to be employed, they ought to be thrown up by the anus. For this purpoſe aloes and other ſtimulating ſubſtances, but particularly tobacco- ſmoke, are employed ; and although this laſt remedy, which is to be thrown in by double bellows, &c. does not always act as a purgative, it may be uſefully employed as an ano­dyne. Where an evacuation by ſtool is wanted, it may in general be readily procured by the injection of warm water, in which a little Caſtile ſoap is dissolved, in the proportion of a drachm or a drachm and a half of the latter to a pound of the former. Warm bathing is another remedy greatly extolled, either by general immersion of local application.