

mention it in connexion with stricture, disease of the prostate, &c., in adults.

I have been unable to find any mention of difficulty in micturition as a cause of hernia in children, and the co-existence of phimosis and rupture seems hitherto to have escaped notice (except the allusion made by Mr. Owen, *vide supra*). The frequency, however, of phimosis and rupture together, as it occurred to me here, induced me to watch closely and see if it was anything more than a simple coincidence. I therefore took fifty consecutive cases (not selected

Age.	Under 6 months.	From 6 to 12 mths.	From 12 to 18 months.	From 18 months to 2 years.	From 2 to 2½ years.	From 2½ to 3 years.	From 3 to 3½ years.	From 3½ to 4 years.	From 4 to 4½ years.	Totals.
Rupture ..	15	5	5	1	1	4	0	0	0]	31
No rupture	4	3	2	3	0	4	0	1	2	19
Total ..	19	8	7	4	1	8	0	1	2	50

ones); and found that out of fifty cases of congenital phimosis thirty-one had rupture, in five cases there was double inguinal hernia, and in many of them umbilical hernia as well (umbilical hernia *alone* has not been counted). In none of these cases was the rupture noticed at birth; the earliest was noticed three weeks after birth (here the prepuce was so tight that it was with great difficulty that the child could micturate at all), the latest two years and a half. In all of these cases circumcision was performed; in five the rupture never came down after the operation, and all have been much benefited.

It cannot, then, be unreasonable, in the face of these facts, to suppose that a long and tight prepuce may be a cause of rupture in children. The sequel of events is probably as follows: the abdominal parietes are naturally weak in children, which renders them less able to resist impulses which project the viscera against weakened parts. Here, then, is a remote or predisposing cause. The exciting cause is, I think, readily supplied by the frequent and continued efforts that the child makes to overcome the obstruction offered by the tight prepuce, and by the cries uttered consequent on pain caused in making these efforts.

NITRITE OF AMYL IN SEA-SICKNESS.

By J. RUDD LEESON, M.B.

I WAS much struck with reading Mr. Crochley Clapham's paper in THE LANCET of August 21st, 1875, in reference to the treatment of sea-sickness with nitrite of amyl, and the marked success he obtained with it. Having given the drug an extensive trial in cases of sea-sickness, I subjoin the following remarks as the result of my experiments.

Nitrite of amyl, according to my experience, certainly does good in sea-sickness, though to a less extent than is asserted in Mr. Clapham's paper. The vomiting certainly becomes markedly less, and often ceases altogether; but of course as people differ in their individual susceptibility to sea-sickness, so they do in their susceptibility to its remedies, and my results are nothing like so brilliant as those of Mr. Clapham, who, if I remember rightly, only found the drug to fail in about three per cent. of his cases. The relief is generally speedy, patients smiling gratefully after a few seconds' inhalation, and seeming wonderfully cheered to think that their dire enemy is being vanquished at last. If the drug is to do any good at all it usually does so almost immediately, and the horrid sense of nausea and "sinking at the pit of the stomach" quickly becomes lessened. I gave it till the usual flushing of the face and throbbing and fullness in the head occurred, and then the patients quickly went to sleep if left alone, generally awaking refreshed and feeling much better, but complaining of the fullness in the head, which in some cases lasted a day or two. In about three-

fourths of the cases no vomiting occurred afterwards; in half the patients felt all right after their sleep and quickly reappeared at the table; in a fourth, though they ceased to vomit, they complained of a "feeling of sickness," which, with the troublesome throbbing and fullness in the head, left them little better than they were before; the remaining fourth were not improved in any way, except, perhaps, that they got a little sleep.

From the idea one starts with from books and hearsay, I believe the general opinion is that nitrite of amyl is a most dangerous drug, and one to be given with the greatest caution. I think the safest and surest way is to give it until some of its physiological effects are produced, the easiest to observe and one of the most constant being the general flushing of the face, especially marked in the forehead. Eight drops breathed from a handkerchief generally suffices, but as it is difficult to tell beforehand the amount each requires, I would advise five drops to begin with for men, and three for delicate women. But men take much more than this generally; ten drops often produced no visible effects, and not unfrequently fifteen and sometimes twenty were required. Stout flabby men require usually only moderate doses, such as eight drops; while thin, wiry ones seem often almost unaffected by doses which would horrify many, such as thirty drops.

Toleration of the drug soon becomes established. I lately had a patient who suffered from severe attacks of asthma. At first the amyl in five-drop doses gave great though temporary relief. In two hours after his first dose he could breathe thirty drops, with a slight easing of his breath only, but a most trivial flush occurring.

In delicate women, and men in whom there is the slightest shadow of a suspicion that their heart may be at all fattily degenerated, I would counsel the greatest caution, and to begin with two or three drops, and watch the effects carefully.

There are two theories about sea-sickness: one that it is owing to the food tossing about in the stomach, and teasing it and the diaphragm with its jactitations, nausea and vomiting being the natural consequence; the other that the stomach has nothing to do with it, its cause being a congestion of the brain and cord, which acts in a reflex manner in the stomach. Those who hold the latter, of course, would expect great things from nitrite of amyl, and, knowing as we do the marked effect it has on the "status epilepticus," one might become too sanguine. Which of these two theories is right I do not pretend to say, but I have an idea that most cases are due to a little of each, and that with a loaded stomach and congested liver we may expect but little from amyl; whereas in cases more purely nervous, especially as are seen in women, we have a very fairly successful remedy, and one that warrants much more varied and extensive trial than it has hitherto received.

Richmond.

A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

COMPOUND FRACTURE OF THE SUPERIOR MAXILLÆ AND NASAL BONES; ABSCESS OF THE EYELID; RELIEVED.

(Under the care of Mr. BRYANT.)

THE following notes were taken by Mr. C. L. Jones.

Joseph A—, a carpenter, aged twenty-four, was admitted into the Accident ward on May 25th, 1877, with compound fracture of the nasal bones. Both superior maxillary bones and both malar bones were movable. There was irregularity in the line of the upper teeth. The eyelids of both eyes were greatly swollen, and the right eye looked quite smashed. The wound on the nose extended transversely from ala to ala with a prolongation upwards to the root of the nose. The man had been working in a saw-mill, when