months ago, he was sitting on an iron bedstead, when, by a sudden movement, the right testicle received a severe blow from a projecting corner. Severe pain was experienced for about ten minutes, when it disappeared altogether. Two or three weeks afterwards, slight swelling was observed on that side. During the last six months, this has gradually increased, and since last week the pain has been felt in the loin and the testicle.

Present condition.—The right side of the scrotum is filled with a smooth-surfaced mass, of generally ovoid form, about the size of a small cocoa-nut. There are slight, irregular protuberances in places, and inequalities of density to the touch. No transparency. The swelling extends high up the cord, but this can be felt distinctly above it; it is tender to the touch. It was about ten minutes, when it disappeared altogether. Two or three ligatures were applied; a firm pad was placed on the outer surface of the scrotum, and secured by a spica bandage, so as to make firm pressure, prevent homorrhage into the cavity, and promote union by the first intention. Subsequently, the greater part of the wound was found to be thus united, the pain disappeared, and he was discharged cured on the 18th of May.

The diseased mass, being laid open, exhibited the presence of cysts of various kinds within the substance of the testicle, many containing fluid, others solid, contents, made up of secondary cysts, or less, of something like athematosus deposit; other masses appeared to be of epithelial formation; and intermixed with these structures were nodules of cartilage, which, under the microscope, presented all the distinctive elements of that tissue; of varied kinds, forming a tumour of this organ, essentially cartilaginous or enchondromatous, differing, we believe, from any at present on record.

Dr. Routh also mentioned a case of a child, aged eleven months, he had attended for HYDROCEPHALUS AND PNEUMONIA.

It was interesting as showing how the diagnosis in children is sometimes almost impossible. The child had been labouring generally with cough for a considerable period; the urgent symptoms at the time were those of hydroceplalus, and, when questioned by him, the disease was not at all suspected than usual, projecting and throbbing strongly. The child generally had all the symptoms of inflammatory fever and anorexia present. It appeared almost incontinent, moving its head from side to side, deaf, and apparently blind, although the blind and deafness did not seem diminished. The aconite was discontinued, and a mercurial purge was given. The feverish symptoms did not recur. A little ginger water was given from time to time, to keep the patient up. The child was supervised, with general pallidity of surface, in three or four days, and the child died unconscious. No rigor mortis was observed to accrue.

The post-mortem was made about forty-eight hours after death. The brain was congested, puncta more developed, with a little serum in the veins. The lungs were in the deepest parts consolidated by pneumatic inflammation; and at the bases of the lungs, and scattered here and there upon the surface, were spots of pulmonary apoplexy; elsewhere the lungs were generally epithematosus. This last circumstance explained the resonant sound, while the pneumonia probably, but certainly the pulmonary apoplexy was due to congestion. There was no signs of capillary bronchitis observed. The heart contained a coagulum; but notwithstanding the cavity was large enough to have admitted besides a whole finger. This circumstance was full of interest, as during the few hours preceding the child's death, the symptoms were those of fibrinous concretion in the heart, according to Dr. Richardson's view, and was useful as cautioning us from falling into the error of judging that because a concretion after death appeared to be filled, or nearly filled, a symptoms we might attribute was therefore a cause of obstruction during life, and the immediate cause of death; whereas this closing of the cavity upon the coagulum was often merely a result of rigor mortis, and the heart was empty of blood. The body gave no sign of any suppurating effusion.

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the first place, to assist in eliminating morbid material from the blood, and, in the second, to give that tone to the system which will enable it also to do its best in effecting the end required. Mr. Gay spoke favourably of common salines, with sulphate of magnesia, in moderate doses, and tartar-emetic, together with a low diet, in the early forms of skin disease, regarding them as indicative of a disturbed or "inflamed" state of the blood; and of the hydriodate of potash in the later affections, those of the periosteum and testis especially, when associated with rheumatic pains. The mineral acids, arsenic, cinchona, strychnia, and cod-liver oil, are also excellent adjuvants, in the treatment of this disease, according to its particular phases.

A discussion ensued, in which several members took part. The President, in adjournment, spoke a few words to the Society, and congratulated the members on its position and prospects.

PHYSIOLOGICAL SOCIETY OF LONDON.
MONDAY, MAY 14TH, 1855.
DR. SNOW, PRESIDENT, IN THE CHAIR.

DR. RICHARDSON drew the attention of the Society to a fact which had been communicated to him by Dr. Herapath, of Bristol, that Dr. Bovell, of Toronto, in Canada, had transfused milk into the veins of cholera patients, in the last stages of the disease, with much promise of success. This plan had been also suggested by Dr. Herapath, but Dr. Bovell had preceded him in the suggestion by a few weeks. Dr. Bovell had performed this form of transfusion in six cases, and recovery took place in two out of the six. Both of these cases bore in the last stage of the disease.

The milk transfused was freshly drawn from the cow, and was at the blood temperature. About eight ounces were transfused. The transfusion seemed to be immediate, and both patients did well. In remarking on these cases, Dr. Richardson said that there could be little doubt that milk was of all substances the one best adapted, for physiological reasons, to employ in transfusion; but owing to the small quantity used by Dr. Bovell, he scarcely thought it could be expected to replace the loss of blood; but the fluid lost in cholera was mainly water, and it was water only introduced as shall in some manner compensate for the thirty or forty pounds of fluid which the adult cholera patient sometimes loses. Dr. Richardson then recorded some experiments on the injection of milk into the peritoneal cavities and veins of healthy animals. Thus used, milk destroyed life; but it might be that the effect would be different in a case of collapse from cholera. The injection, however, of simple water into the peritoneal cavity was, in animals, absolutely safe, if used with moderation. In a case of cholera, the treatment of cholera by saline solutions thrown into the circulation, and the quantity of fluid required to be injected. The President was of opinion that quantity was not a matter of so much moment as Dr. Richardson presumed.

The Society then adjourned.

Hospital Reports.

NEWCASTLE-ON-TYNE INFIRMARY.
CASE OF UNUNITED FRACTURE OF HUMERUS.
(Under the care of G. Y. HEATH, M.B. Lond., Surgeon to the Infirmary.)

Communicated by Mr. W. T. CARR, Clinical Clerk.

ROBERT BERESEMORE, aged sixteen years, healthy and muscular, was admitted during November, 1854. The accident happened in the Baltic, eight months ago, and was caused by the bursting of a cannon. Two hours afterwards he was conveyed to an hospital in Sweden. Next morning his arm was put up in antero-posterior splints, with his elbow in a right angle, and was retained in that position for four weeks. At the end of this period the splints were removed, no union having accrued; the arm was put up in starch, in the straight position. After seven weeks had elapsed, the starch was removed, and the patient still remained in the same position. Then, after another week, Mr. Heath performed an operation for the cure of the ununited fracture. Chloroform was at first administered; a small tenotomy knife was then passed obliquely down to the fracture, and by opening the invaginated ends, the communication between the upper and lower fragments was found. A strong curved needle was next introduced along the track of the knife, between the ends of the bone and the fibrous tissues uniting them freely, broken up. Not more than two or three drops of blood escaped during this operation, which was opened in this proceeding. The arm was put up in starch soon after the operation, with wooden splints outside, to be removed when the starch should set. The arm perfectly easy; no constitutional disturbance.

Dec. 2nd.—He walks about the ward with the arm in a sling; the wooden splints removed yesterday; the starch appears to be progressing.

28th.—Mr. Heath performed an operation for the cure of the ununited fracture. Chloroform was at first administered; a small tenotomy knife was then passed obliquely down to the fracture, and by opening the invaginated ends, the communication between the upper and lower fragments was found. A strong curved needle was next introduced along the track of the knife, between the ends of the bone and the fibrous tissues uniting them freely, broken up. Not more than two or three drops of blood escaped during this operation, which was opened in this proceeding. The arm was put up in starch soon after the operation, with wooden splints outside, to be removed when the starch should set. The arm perfectly easy; no constitutional disturbance.

Jan. 1st, 1855.—The arm much stronger; it can now be raised so as to bring the elbow on a level with the shoulder-joint.

7th.—To be made an out-patient.

15th.—The starch apparatus removed; union ascertained to be progressing; the skin slightly excoriated over the end of the bone, the fibrous tissues uniting them freely, broken up. Not more than two or three drops of blood escaped during this operation, which was opened in this proceeding. The arm was put up in starch soon after the operation, with wooden splints outside, to be removed when the starch should set. The arm perfectly easy; no constitutional disturbance.

8th.—The union pretty firm; the splints to be removed.

22nd.—The bones now firmly united.

29th.—The arm can be moved in every direction; the sling to be dispensed with.

Feb. 5th.—The union quite firm. The patient thinks of going to work.

Remarks from Mr. Heath's Clinical Lecture.—Mr. Heath directed the attention of the Society to the case of an extensive fracture of the neck of the femur, which occasionally resulted after fracture: the elbow-joint was firmly fixed in a straight position, whilst at the seat of fracture there was what was usually described as a "false joint." The fixation of the elbow-joint did not arise here from ankylosis, as that term is usually understood; it belonged to a class of cases not infrequently met with, but which do not appear to have attracted the special attention of surgeons. After a bruise or spray of a joint, when the limb has been kept for some time in one position, or after a fracture, when for some reason the splints have been retained for an unwise length of time, it sometimes happens that, a short period after, or in the case of fracture, that several joints become perfectly stiff, immoveable by any effort of the patient, or by any gentle force applied by another. These cases fall into the hands of bone-setters, who gain great credit from them. After an examination of the part, the bone-setter will say, "Oh, the cap of the joint is off, or the guide is out of its place; I must put it in for you;" and then he forcibly moves the joint in various directions, the movement being attended with one or more crackling sounds, plainly heard by the bystanders, and supposed to indicate the replacement of the displaced cap or guide. After this procedure the patient is able, sometimes immediately, sometimes after a short period of pain and immobility, to move his limb freely. The practitioner who has been in charge of the case is blamed, whilst the bone-setter is considered a wonderful man. It is difficult to say what is the precise condition of the joint in these cases, but it does not often become the subject of post-mortem examination. It is