married for the last six years. Had an attack of gonorrhœa shortly before his marriage, for which he was salivated by a hakeem. After this he became very weak, and lost flesh. About fourteen months ago, as was his usual habit in the morning, he took up a book to read; but, to his great surprise, he found that he was obliged to turn his head a little to the left side to enable him to distinguish the words before him. He then looked into a glass, and found his left eye turned inwards towards the nose. On looking at objects beyond a distance of ten yards, he found that they were doubled. A week afterwards he consulted an apothecary, who blistered his left temple, and recommended him to wear warm clothing, and keep his feet warm. The blister was kept open for a month without producing any benefit. He was then treated with purgatives and with mercury, which salivated him. He then discontinued all treatment, as nothing did him any good.

About four months ago, and ten from the commencement of the squinting, he came to me from Mysore for advice. He was emaciated and weak; appetite bad; pulse 100, and small when sitting. He was also subject to occasional attacks of fever. He was recommended to improve his diet, to take a couple of half-boiled eggs daily (an article in which Mahomedans have great faith as a strengthening agent), to drink milk, and to partake of soups and animal food. He was also directed to close his right eye when reading and writing, and to wear in front of his left eye any opaque substance with a small circular aperture in its centre, so that he should not be able to see, except the pupil came in a line with the aperture. He seemed to be highly pleased with the advice; but before adopting it he consulted an eminent Mahomedan physician about the advisability of carrying out the treatment. Fortunately for him the hakeem recommended him to do so, and added at the same time that the advice given him was not in accordance with the principles of English medicine, which inculcated the use of blisters, &c., but that it exactly tallied with the system of medicine as practised by Mahomedans, and gave me the credit of having taken an idea or two from Mahomedan books of medicine. After such encouragement from his co-religionist, the patient steadily followed the treatment recommended, and after the lapse of three months he presented himself to me a second time, his left eye acting in perfect accordance with its fellow. I find that he is not so spare as before. His appetite has somewhat improved; pulse, when sitting, 88, and not so small; tongue rather large and furred, brown. Recommended to take a cupful of infusion of chiretta three times a day, and to continue the use of nourishing food.

P.S.—In THE LANCET of April 30th, I see Dr. Headland proposes to expunge from the contemplated British Pharmacopœia, cannabis and chiretta. As the former is prescribed in India for various diseases, and the latter is employed as a substitute for gentian in nearly every Government hospital in the Madras presidency, I question whether Indian medical officers would vote with Dr. Headland in getting rid of these two drugs. As regards the other seventy-two, there can be no doubt that most medical practitioners would be glad to see them removed from the proposed British Pharmacopœia.

French Rocks, July, 1859.

ON A CASE OF CONGENITAL ENCEPHALOCELE.

By CHARLES VINES, Esq., M.R.C.S.

THE child, a female, of whom the accompanying sketch is a representation, was born on the 10th of July, 1859, and lived nearly five weeks. It was extremely feeble at birth, and continued so subsequently, was unable to suck, and swallowed with difficulty. The mother squeezed a little of her milk into the child's mouth, and fed it occasionally with a little thin arrowroot in a teaspoon. The effort of swallowing brought on convulsions, which lasted from a quarter of an hour to an hour, the face and extremities becoming livid. The child gradually wasted, became anæmic, and died on the 13th of August following.

The tumour, which projected from the posterior part of the cranium, measured nine inches in its vertical circumference, and was slightly furnished with hair at the upper part. On dissection, it was found covered at the upper portion by scalp, at the lower by skin merely; beneath this were dura mater and the usual coverings of the brain, extremely attenuated. The

greater portion of the tumour consisted of cerebellum; but on cutting into it about two ounces of straw-coloured fluid escaped.

The opening through which the tumour had passed was an aperture about three-quarters of an inch square, large enough to admit the forefinger. It was in the centre of the occipital bone, and must have arisen from deficient bony development of this part.

The mother of the child stated to me that nothing remarkable happened to her during her pregnancy. She felt very little of the child during the last three months; was in labour nine hours. This was her second child. Both mother and father are healthy persons.

The midwife who attended the woman stated that the presentation was natural, and that the tumour did not interfere materially with the progress of the labour. She also stated, that out of 5000 cases which she had attended, this was the only case of encephalocele which had come under her notice, and she had met with two cases only of spina bifida.

The case now related, though analogous to two others lately described in THE LANCET, differs from them in the contents of the tumour. In the cases referred to, the contents were principally fluid; in this instance, they were mostly solid.

A cast of this child's head has been taken, and placed in the museum of the Royal Berks Hospital.

Reading, 1859.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

NECROSIS OF THE END OF THE STUMP AFTER AMPUTATION OF THE THIGH FOR UNUNITED FRACTURE OF THE FEMUR.

(Under the care of Mr. FERGUSSON.)

IN our "Clinical Records" of the 3rd of September, (see also THE LANCET, vol. ii., 1858, p. 117,) we referred to the case of a seaman who had been the subject of an ununited fracture of the thigh, which had resisted every mode of treatment that had been pursued to afford a chance of union of the broken bones. At the patient's urgent request, Mr. Fergusson performed amputation of the thigh on the 18th of June, and, as we then stated, the man made an excellent recovery, with