vascular structure encircled the heads of the tibia and fibula; the divided ends of those bones of course protruded beyond the soft parts. The surface looked tolerably healthy and vascular, but it seemed too much to expect that granulations should cover the large surface of bone exposed; it was therefore considered whether it might not be advisable that the femur should be sawn through just above the condyles, and a flap to cover it made posteriorly, where the skin continued healthy, and well supplied with blood. Delay was, however, resolved on, as it was hoped that granulations might creep over the condyles, cover the patella, and that, on the separation of the dead ends of the bones, nature might effect her own cure, with a long stump and a good bearing point upon the knee. This hope has been completely realized. Strict attention was paid to the patient's health, and care taken in dressing, and on the 16th of January granulations had completely covered the condyles and the patella, and Mr. Hilton on that day twisted off the shafts of the tibia and fibula from their epiphyses. The openings thus made soon closed, and the whole stump commenced to skin over. Powdered bark was applied to the surface of the granulations, with nitric acid wash. Tonics and wine were given in full doses. This process of healing proceeded slowly, and occupied some months for its completion, the tender recently formed skin having a constant disposition to ulcerate in patches with the slightest deterioration of the patient's health; however I am now happy to report that the stump has completely healed, will bear pressure well, and is a remarkably good one. The epiphyses of the tibia and fibula which remain are turned back, and the limb now resembles in appearance a very high amputation below the knee. I append a sketch of it.

I may add that the pulsation in the left groin is still absent, and also that the patient now frequently suffers from indigestion. The attacks are somewhat acute, are attended with fever, pain in the abdomen, and terminate with slight diarrhoea. On one occasion an attack was clearly caused by vegetables which he had taken. It may be interesting physiologically to consider whether the diminished length of the large intestine may not have an influence in producing these symptoms.

Brunswick-place, City-road.

INFLUENCE OF VARIOLA AND VACCINIA.

By W. COOPER DENDY, Esq., M.R.C.S.E.

THROUGH the kindness of Mr. Skegg, of St. Martin's-place, I have seen, in the Strand, a case completely illustrative of the mutual influence of variola and vaccinia.

A girl, exhibiting no vaccine cicatrix, had attended and slept in the same room with her sister, affected with confluent variola. During this exposure she was vaccinated by Mr. Skegg, on the 18th of May, with fresh lymph. Three punctures were perfect. On the 22nd, premonitory symptoms of variola were observed; and on the 26th, papulae. This was the eleventh day from the vaccination. On the 30th, when I saw her, there were three very large, round, flat, dull-yellow pustules at the points of vaccination; variola plentifully scattered over the body. On the 2nd of June, eighteen days from the punctures, and seven days from the variolous papulae, the variolous pustules changed to a brown, filmy scale, rapidly falling off, nothing like maturation or secondary fever occurring.

The points both of curiosity and practical interest are, the synchronously modified or hybrid character of the two poeks, seeming, unless variola and vaccine be identical, to invalidate John Hunter's axiom; the antidotal or extreme mitigation of semi-confluent and extensive variola, although not absolutely prophylactic, and, above all, the total prevention of maturation

and secondary fever. *A priori*, we should at once pronounce, on the seventh day of a perfect areolar and progressive vaccine vesicle, complete immunity from variola; nor should we be prepared to see, as in this case, vesicles converted into unilocular cysts containing discs like the matured variolous pustule. A slight revolution has taken place regarding Jenner's adaption. Such a case as this, however, should make the objector pause, as it proves the value of vaccine far more than cases of prophylaxis, which may often be merely negative. These cases are very rare, but I could refer to five or six others. My point, however, would not be thereby strengthened.

June, 1854.

STRANGULATED OBLIQUE INGUINAL HERNIA; OPERATION.

By THOS. G. VAWDREY, Esq., M.R.C.S.E.

J. R.—, aged sixty-two, by occupation a fisherman, and occasionally a shoemaker, has been the subject of oblique inguinal hernia for some years, which hitherto had always been completely reducible, and gave no inconvenience as long as a good truss was applied. It has, however, occasionally happened, either from leaving off the truss, or from its getting out of repair, that the hernia has come down, and could not be reduced by the taxis without very great difficulty; the last occasion was about three months since, when the reduction was perfectly effected by the gentleman in attendance.

I first saw the patient on Saturday, the 29th of April, 1854, when I found him with all the general symptoms of strangulated hernia; his pulse, countenance, and skin, all in a very good state. On examining the hernia, and applying the taxis, about five-sixths of the gut could be put back, but the remaining sixth part could not be reduced. The gut had been down since the Monday preceding—that is, six days. I first suggested that the reducible part should be kept within the abdomen by the fingers, a long elastic tube introduced into the rectum, and a large quantity of warm water to be injected, with the hope of mechanically drawing back the constricted knuckle of intestine; it failed, however, to do so.

On Sunday morning, I decided on performing the operation, which I did in the way usually done by the late Mr. Liston. I first pinched up a fold of the skin corresponding to the length of the tumour; and having transixed the base with a narrow-bladed knife, I cut directly forward, and thus completed the first incision. I then carefully dissected down to the peritoneal covering, and having taken up a very minute pinch, I was able to make a small opening by using the knife in the horizontal direction. The opening was enlarged on a director, and the stricture divided in the direction forwards and upwards. It was then discovered that the strangulated knuckle of intestine was firmly adherent, so that it required some force to separate the adhesions before the intestine could be reduced. The reduction being effected, the wound was closed by sutures, and a compress and bandage applied.

Monday.—The bowels had been freely opened, and the patient doing well.

Tuesday, Wednesday, and Thursday.—Doing well in every particular. The wound quite healed by the first intention, so that there was good reason to hope for a favourable termination to the case. Soon after this, diarrhoea came on with great severity. The patient was ordered astringents, brandy, wine, animal food, &c., but refused to take either of them, excepting a small quantity of brandy occasionally. The result was that he got weaker and weaker, and died from exhaustion on the evening of the sixteenth day after the operation.

The points of interest in the case appear to be—first, the very long time the hernia had been down without becoming gangrenous; secondly, the firm adhesion; and thirdly, the patient having sunk from diarrhoea after perfect relief to the stricture had been afforded.

St. Austell, Cornwall, June, 1854.

ON ALBUMINOUS URINE IN CONTINUED FEVER.

By JOHN W. TROTTER, Esq., M.R.C.S.E. & L.S.A.,

LATE RESIDENT MEDICAL OFFICER, ST. MARY'S HOSPITAL; ASSISTANT-SURGEON, COLDSTREAM GUARDS.

THE presence of albumen in the urine, under any circumstances, is a fact of much importance. Though this appearance is sometimes transient, and its coincidences trifling, it is still more frequently associated with grave and serious incidents,

and can never be thought of lightly. I find, by experience, that this material often shows itself in the urine of patients labouring under the form of continued fever known as typhus or typhoid, but my reading does not supply me with any observations by others on this point. I have thought it well, therefore, to place on record some of the facts observed by me in this relation, and I have accordingly placed them in the annexed table. There it will be seen that albumen was present, in variable amount, in the urine of twenty cases of continued fever. These cases, it must be observed, were the only ones presenting this appearance amongst all the cases admitted into St. Mary's Hospital. Of these cases, it will be seen that the urine of eleven contained much albumen, in six cases its presence was well marked, and in three only was the

quantity slight. It will further be observed, that one-third or rather more of these cases proved fatal. There are many other facts and inferences in connexion with this subject which will suggest themselves to the minds of others, and which I may hereafter be able to discuss; but on this occasion I can only refer to the association of albumen in the urine, and of the albuminous or albuminoid deposits in Peyer's patches in the intestinal mucous membrane. Do not these depend on some common condition? And is that condition a morbid state of the blood, or only some local derangement of circulation. All our knowledge tends to the former conclusion, and the more extended our proofs of this influence, the more nearly does our knowledge tend to soundness and precision. May, 1854.

TABLE OF FEVER CASES, SHOWING ALBUMINOUS URINE.

CASES.	Character of Urine.	Diarrhoea.	Result.	Post-mortem Appearances.
1. C. D., female, aged 26 ...	Much albumen.	Much.	Death.	Capsule of kidney thickened; slight granular appearance; ulcerations in lower two feet of ileum, caput coli, and solitary glands enlarged.
2. M. J., female, aged 25 ...	Ditto.	Slight.	Death.	Kidneys hard and congested; capsule easily removed; three ulcerations in ileum; solitary glands large.
3. S. D., female, aged 25 ...	Ditto.	Much.	Death.	Ulcerations about a foot from lower end of ileum, and in caput coli.
4. M. H., female, aged 18 ...	Ditto.	Ditto.	Death.	Lower part of ileum many small ulcerations, and in caput coli, no inflammatory appearances.
5. R. P., male, aged 17 ...	Ditto.	Slight.	Recovered.*	
6. S. D., female, aged 26 ...	Marked albumen.	Ditto.	Recovered.	
7. R. S., male, aged 15 ...	Much albumen.	Much.	Recovered.	
8. A. S., female, aged 17 ...	Ditto.	Slight.	Recovered.	
9. M. B., female, aged 24 ...	Ditto.	Ditto.	Recovered.†	
10. S. H., female, aged 21 ...	Ditto.	Ditto.	Death.	Kidneys congested; lower part of ileum and caput coli covered with small, ulcerated spots; solitary glands enlarged, and the mesentery also.
11. D. R., male, aged 31 ...	Marked albumen.	Much.	Recovered.	
12. H. T., male, aged 24 ...	Ditto.	Slight.	Recovered.	
13. J. K., female, aged 44 ...	Ditto.	Ditto.	Recovered.	
14. E. W., female, aged 16 ...	Ditto.	Ditto.	Recovered.	
15. D. D., male, aged 24 ...	Ditto.	Ditto.	Recovered.	
16. C. E., female, aged 23 ...	Much albumen.	Much.	Death.	No examination allowed.
17. J. D., male, aged 27 ...	Slight.	Slight.	Recovered.	
18. E. C., female, aged 17 ...	Much.	Ditto.	Recovered.	
19. E. G., female, aged 25 ...	Ditto.	Ditto.	Death.	Two or three small ulcers in the lower part of the ileum; other organs appeared healthy.
20. M. A., female, aged 16 ...	Slight.	Ditto.	Recovered.	

* In the cases marked "Recovered" the albumen had quite disappeared from the urine, in some only having persisted for a few days.
† This patient convalesced slowly; it was feared that there was commencing tubercular deposits in the lungs.

Reviews and Notices of Books.

Lectures on Education, delivered at the Royal Institution of Great Britain:

- (1) *On the Influence of the History of Science upon Intellectual Education.* By WILLIAM WHEWELL, D.D., F.R.S.
- (2) *Observations on Mental Education.* By Professor FARADAY, F.R.S. Pamphlets. Parker & Co.

THESE are the two first of a series of lectures upon education which are now in course of delivery at the Royal Institution. The first, by Dr. Whewell, consists of a brief general consideration of the subject of Intellectual Education, by which is meant that cultivation of the mental powers which shall conduce to an increase of their capabilities, as distinguished from the mere hoarding up of knowledge as a miser accumulates his gold, for its own sake. Adopting three grand divisions of the modes of mental training, the author gives to the Greeks the credit of founding mathematics, to the Romans that of cultivating jurisprudence, (both of them, however, purely deductive sciences,) whilst for the more modern philosophers he claims that method of reasoning from particular up to general things, to which we owe the vast improvements which have since taken place in all the physical sciences. From these considerations, Dr. Whewell thinks, arises the benefit to be derived by the direction of our

attention to the subject of the history of science; that by combining the different excellencies of various epochs, we may benefit by the accumulated experience of the philosophers of all ages. Professor Faraday's "Observations on Mental Education" tend chiefly to the inculcation of the necessity of a due and accurate training of the judgment. That, remembering the innumerable sources of error in our own conclusions, we should always be modestly prepared to admit the falsity of our most cherished convictions when new evidence arises to show that we were wrong. Or, again, that we should always be prepared to resist that tendency of which every one is more or less susceptible to be seduced, by the power of our imaginations, to put faith in a pleasing theory, which totally opposes those facts which experience has taught us to be fundamental. The author illustrates the universal necessity for the cultivation of greater accuracy of judgment, by reference to the extraordinary delusions of table-moving and the other quackeries of the day, not only upon the uneducated classes merely, but also upon those whose general mental training (had their judgment been also cultivated as it should have been) would have led them to reject such absurdities. With the modesty of a true philosopher, he frankly confesses his own failings, and strives to elucidate to others the truths which he inculcates by showing particular instances in his own career, where he considers himself either to have shown such deficiency, or his consciousness