sing correctly unless the organs of voice have been properly taught, and brought into perfect subjection by regular instruction and strict discipline. It was related of three young ladies, sisters, that they could sing, but not read aloud for any length of time, without becoming hoarse and losing their voice. They had been taught to sing, but not to speak.

By way of illustration, let us consider—

1st. The chest, or bellows. In order to speak with a loud and clear voice, so as to be heard distinctly at a distance, the capacity of the chest should be ample. This may be increased by exercise, by taking deep inspirations, and by holding the breath for a short time when the chest is full, suffering the air to escape gradually by counting aloud 1, 2, 3, &c., up to 50 or 70. By this means the chest may be expanded in every direction, and its capacity greatly enlarged.

2nd. The abdomen, or blower. Fulness of the abdomen is caused by eating and drinking largely, and this, again, causes flatulence, distension, or the deposition of fat, especially by the neglect of exercise; and this impedes the muscular actions of the abdomen in expelling the air from the chest with sufficient force to produce a full volume of voice.

3rd. The trachea, or windpipe. And 4th. The larynx. These most important parts are liable to catarrhal and nervous affections by which the voice is lost, or is rendered hoarse and discordant—*vox faucibus hæsit*. The causes which produce this injurious effect are—breathing a close, heated atmosphere; by wearing warm wraps round the throat; by drinking freely of hot liquids, particularly hot tea; by spirit-drinking; by snuff-taking and tobacco-smoking; by the use of voice-lozenges; by straining the voice beyond its compass; and by frequently clearing the throat. The articulate sounds, the rhythm and *timbre* of the voice, being formed by the larynx, compounded of the cartilages, the rima or chink, and the vocal cords, and being divided by the tongue applied to the palate, the teeth, and the lips, into letters, syllables, words, and sentences, it is most important that all these several parts should be in a normal and healthy condition. If the tongue be too large or too small; if the palate be cleft, too arched, or too flat; if the cheeks or the lips be too largely or not fully developed, and the teeth be defective, the voice will be deficient in power, and the words will be indistinctly pronounced.

In order to attain an effective elocution, the following rules should be observed:—

1st. The speaker should stand erect, and the head not bent upon the chest, that the muscular movements of the abdomen, chest, and throat may be free and unconstrained.

2nd. The chest should be fully expanded by each inspiration at the commencement of every sentence. The disregard of this rule is a frequent cause of stammering. To fill the chest and to hold out the breath to complete each sentence, the inspiration should be made through the nose. By this mode of inspiring through the nostrils, the mouth and throat are prevented from becoming dry, and the voice from becoming hoarse.

3rd. The pauses should be long enough for each sentence to reach its destination before it is followed by another; and, *cæteris paribus*, the slowness of the utterance should be in the ratio of the size of the room and the number of the audience.

"Learn to speak slow; all other graces
Will follow in their proper places."

4th. Every word, if not every syllable, and almost every letter, should be distinctly enunciated, that the attention of the auditory may not be diverted from the sense to catch the sound. By this twofold effort the attention soon grows weary, and the hearer listless, and then instruction or amusement ceases.

Among the faults of extemporary speakers, lecturers, and preachers, rapidity of utterance is one of the most common. Deliberation gives time for the choice of words; and, in consequence, the speech, the lecture, or the sermon is more effective, is less tedious to the hearers, and commands greater and longer attention. This rule requires self-possession, a perfect knowledge of the subject, and an earnest desire on the part of the speaker to enlighten and instruct his auditory. Rapidity of reference and of quotation may excite astonishment, but it does not impart information, which should descend upon the mind as the dew from heaven.

Montague-street, Oct. 1864.

THE ULSTER MEDICAL SOCIETY.—The anniversary dinner of this Society was held on Tuesday last in Belfast; Dr. Stewart, vice-president, in the chair. During the evening several eloquent speeches were made, and the company separated highly gratified with the arrangements of the day.

A Mirror

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

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.

STRANGULATION OF INTESTINE BY A DIVERTICULUM ILEI
(MECKEL'S DIVERTICULUM VERUM), THE REMAINS OF
THE VITELLINE DUCT, IN A GIRL OF TEN YEARS.

(Under the care of Dr. WILKS.)

Of the various abnormalities of the intestinal canal, perhaps that known as Meckel's diverticulum verum is one of the most important from the peculiarities of its formation. The deformity is not an excess of development, but an arrest of formation, and is thought of such importance by Rokitsky that he devotes special consideration to it in his *Pathological Anatomy*. It is a dilatation of the small intestine, representing a hollow appendix, which consists of all the intestinal membranes, and is placed at from eighteen to twenty-four inches from the caecal valve. Rokitsky does not assent to Meckel's view that it is a remnant of the umbilical canal; it evidently has its origin, he asserts, in the development of the intestine in the umbilical vesicle. The condition of the diverticulum in the following very interesting case favours this opinion, inasmuch as, in place of terminating in a free appendix, as is sometimes found, it was attached to the abdominal walls at the umbilicus, ending there in a blind tube. The diverticulum was pervious throughout, and would have admitted a lead-pencil. The risk of strangulation of the bowel is always greater under such circumstances than when the abnormal appendix is floating and free, in which case it seldom exceeds five or six inches in length.

E. M. W.—, aged ten, was admitted into Esther ward Aug. 13th, 1864. She never had any symptom (according to the mother) of obstruction of the bowels until Aug. 4th, when, after eating some gooseberries, she began to vomit. At this time there was some slight evacuation from the bowels. Since then there had been all the symptoms of obstructed bowel: no passage, and frequent vomiting, which finally became fecal. Collapse at last set in, with great heat of abdomen and peritoneal symptoms. She died two days after admission.

At an examination twenty-four hours after death, the body was found to be spare, and the abdomen tympanitic. Acute peritonitis was present. The membrane was vascular and covered with lymph. On lifting up the parietes, a band was seen passing from the umbilicus to the lower portion of the ileum; and on separating the intestines the point of constriction was seen at this spot, about a foot or a foot and a half above the termination of the ileum; the portion of intestine above being much distended, and that below contracted. The latter portion was coiled up, and lay hanging down towards the pelvis, so that the band produced a greater drag upon it. This band, on more careful examination, was found to be a diverticulum of ileum, which at its commencement was as large as the contracted portion of bowel, with which it was in connexion; and on examining it further, it was found pervious in its whole length—in fact up to the umbilicus, where it terminated in a blind end, and was attached to the walls. It would admit an ordinary lead-pencil along it. It was, then, evidently the remains of the vitelline duct or umbilical vesicle, which had continued open from an early period of fetal life. The contraction seemed to be caused more by simple dragging on the part, although no doubt the portion below had fallen in such a manner as to cause the sudden complete constriction. It appeared, however, as though some constriction had long existed. The dragging of the diverticulum was so great that

on removing the parts a laceration occurred at the point where it sprang from the ileum, and fecal matter escaped. It is possible that this commenced during life, and set up the sudden and fatal peritonitis.

ST. BARTHOLOMEW'S HOSPITAL.

MOVABLE EXOSTOSIS OF THE LOWER END OF THE FEMUR IN A BOY; SUCCESSFUL ABLATION.

(Under the care of Mr. PAGET.)

A MOVABLE exostosis! Can such a pathological anomaly exist? The reply might be given, that it could if its pedicle of attachment were fibrous. It may occur, however, under other and totally different circumstances, as we lately saw exemplified in a little boy, under Mr. Paget's care, who was admitted with a tolerably large and firm exostosis, situated at the lower end of the left femur, towards its inner side, which had been slowly growing for some time. It was now as large as a goose's egg, somewhat flattened, and on examination was found to be movable beneath the skin. This circumstance, so singular in an exostosis, was explained by the fact that the lad had received a blow on the tumour, which broke its pedicle of attachment (which necessarily must have been small) to the parent bone, and allowed of some amount of motion. This condition induced by accident would favour its removal with comparative facility. And so it proved: for on the 22nd October, chloroform having been administered in the operating theatre by Mr. Lloyd, Mr. Paget extracted the exostosis from its bed, neatly and without much dissection, in a very short period. Although its bony pedicle did not exceed half an inch in its longest diameter, yet it was pretty firmly bound to the femur by fibrous bands, which had to be severed before its complete removal was accomplished. There was no bleeding at all attending the operation, and the wound was closed by two or three points of silver suture. A section of the tumour showed an absence of much cartilaginous structure, as for the most part it was bony, of the cancellous variety.

In some remarks made afterwards, Mr. Paget stated what we have just mentioned in regard to the history of the boy, and further observed that he had known of but one other instance of a movable exostosis, which occurred some years before in the practice of Mr. Lawrence, when, in fact, the bony pedicle had become broken, and from the grinding or frictional action of the offshoot of bone against its parent, a sort of smooth artificial joint had formed, which permitted of free motion of the exostosis upon the bone.

We may observe that such cases as these, although extremely rare, are most instructive, and prepare the surgeon at times to encounter singular phenomena, which are of the utmost importance in diagnosis.

The little boy is doing very well, and will make a good recovery.

ST. MARY'S HOSPITAL.

EXCISION OF AN ENCYSTED BURSAL TUMOUR IN A CASE OF HOUSEMAID'S KNEE; GOOD RECOVERY.

(Under the care of Mr. URE.)

IN cases of thickened bursæ like the following, some surgeons prefer complete removal to any other plan of treatment, and we have seen this carried out with the best results by Mr. Fergusson, Mr. Erichsen, and others. The cure is speedy and decisive, as occurred in Mr. Ure's patient. The ordinary form of bursal tumour situated over the patella, which is a simple serous sac, Mr. Ure treats by passing a seton, composed of a thick silk thread, through it. This he allows to remain for about eight days, when suppuration is fairly established. Should there be any serous oozing, subsequent to the withdrawal of the thread, he directs a blister to be applied, which completes the cure.

M. G—, aged seventeen, admitted October 17th, 1864, on account of a rounded, circumscribed tumour, about the size of a billiard ball, situated over the right patella. It felt hard and solid, and firmly attached. She first perceived it at the beginning of the year by a sharp pain experienced while lying in

bed, and which was followed by swelling in the situation of the knee. The tumour gave her no trouble until about a fortnight before admission, when, being at work as a laundress, she was attacked with acute pain in the part, so that she was unable to stand and perform her ordinary avocations.

On October 19th, the patient having been rendered insensible by chloroform, Mr. Ure made a free crucial incision through the integument covering the tumour, and, after detaching the flaps, succeeded by careful dissection from below upwards in removing the tumour. It had a rounded, flattened aspect; when cut into, it presented an encysted appearance, some of the cysts containing a trace of bloody fluid. Its walls were about a third of an inch in thickness, and of a fibrous character. The flaps of integument were brought into apposition by a few points of suture; a fold of wet lint constituted the dressing. There has been slight suppuration from the lower angle of the wound, and she is making a most favourable recovery.

Mr. Ure ascribed the rapid consolidation of the tumour to the repeated pressure with friction exercised upon it, from the patient being frequently obliged to kneel while at work. This led to deposition of fibrin from effusion of blood, the colouring matter having been in a great measure absorbed, thus accounting for the cystic character of the interior of the tumour.

ST. GEORGE'S HOSPITAL.

LIPOMATOUS TUMOUR, WITH RAMIFYING LOBULES IN THE LEFT POSTERIOR TRIANGLE OF THE NECK OF A CHILD; SUCCESSFULLY EXTIRPATED.

(Under the care of Mr. HOLMES.)

AMONGST the out-patients of our hospitals swellings of the neck in children are frequently seen in the delicate and strumous, and in the great majority of these the enlargement is glandular. Malignant disease, or some of the varieties of tumour, as met with in adults, at the side of the neck, and not strictly glandular, are, perhaps, rarer in the young. Quite recently a child, three years old, was brought to Mr. Holmes at the above hospital, with a tumour in the left side of the neck, tolerably large, lobulated, and especially situated in the posterior triangle. It had commenced to grow as a small nodule when the child was only a year old, and gradually and slowly increased until within two or three months back, when its increase seemed to be tolerably rapid. It had been punctured in two or three places out of the hospital, but nothing came away but a few drops of blood; and on examination, in some parts so strong was the simulation of fluctuation, that Mr. Holmes passed in a small trocar, but nothing whatever was evacuated. As the tumour was movable, although somewhat extensive in its ramifications, and probably in depth, it was determined to remove it, more especially as the mother was anxious, in consequence of its rapid growth lately.

Chloroform was given on the 3rd instant, and a long and free incision was made over the tumour, the child lying on its right side. It was surrounded by a distinct capsule, which, on being opened, permitted of the gradual disentanglement of the tumour from its various attachments and ultimate complete removal. It had extended deeply under the trapezius muscle behind, and beneath the sterno-mastoid in front, with long finger-shaped lobules penetrating in other directions, being, however, mainly attached to the cervical fascia. A good part of this operation was accomplished by the aid of the finger, with occasional use of the knife to divide fibrous bands of attachment. Comparatively little blood was lost, and the wound was closed.

A section of the tumour showed it to be chiefly fatty, undergoing degeneration in some parts of it, thus accounting for the indurated feel it presented in some parts as compared with the soft fluctuating feel in others.

Mr. Holmes stated that he had had one or two other cases not dissimilar to this, where he removed the tumours with success, and, as everything seemed promising in the present instance, he hoped for an equally favourable result.

Up to the present time the expectations of the operator have been verified, for the child is going on remarkably well.

Fatty tumours in the child, as contrasted with other forms, are exceedingly infrequent, and are therefore liable to deceive the most experienced, unless so situated in the body as to permit their chief characteristics to be recognised.