a person may be branded as a lunatic who is merely suffering from the mechanical effects of a growth which happens to have selected the cranium rather than some other cavity or viscus for its development. If the symptoms resulting should be of such a nature as to make proper treatment of the patient impossible or very difficult anywhere but in an asylum, no doubt the best course may be to send him there, even though the real nature of the disease be known. But it will be evident that such a case as G. S— could with perfect ease and propriety have been treated at home, had his family wished to be spared the distress of believing that one of their number had gone “out of his mind” and had died in a lunatic asylum.

Bath.

CASE OF CURE OF HYDROCELE BY THE SPONTANEOUS RUPTURE OF THE SAC INTO THE SURROUNDING CELLULAR TISSUE.

By NELSON S. FOSTER, M.B.

T. H—, aged fifty-eight, a powerful man, in robust health, by occupation a roadmaker, suffered from a hydrocele of the left tunica vaginalis for seven years. The origin he attributes to a kick from a cow, which laid him up for a few days at the time of its occurrence. The treatment during that period had been palliative, the tumour being tapped more than a dozen times, and a large amount of fluid drawn off each time, giving temporary relief. After the last operation the sac refilled as usual, but became more distended, owing to the patient putting off a visit, not wishing it to be punctured during the cold weather.

He went about in this manner for five months, the hydrocele attaining the size of a large cocoa-nut, his only trouble being its bulk; when, on the night of Feb. 15th, a few minutes after retiring to rest, he was suddenly seized with a violent and excruciating pain about the genitals, which he describes as shooting across the parts and throughout the body, lasting about five minutes, leaving him sick and faint, then followed by pain less acute for half an hour, when it gradually ceased. On looking at the seat of pain, patient was surprised to see the penis swollen to three times its natural size.

On coming to me the next morning I found him perfectly free from pain. On examination the distended hydrocele had disappeared, the tunica vaginalis containing but a very small quantity of fluid; the penis retracted half its length; the glans natural in appearance, surrounded by the prepuce, which was dark-coloured and swollen, the lower part including also some of the adjacent skin and subcutaneous tissue, pendulous, and about the size of a hen's egg, infiltrated with fluid, fluctuating on palpation, and with the parts around tender on pressure and cedematous, but with no obstruction to the urinary passage.

On pricking the most dependent parts, thin serum oozed out and dribbled from the wounds. In a few days the parts gradually regained their usual state, and nine months afterwards I failed to detect any deviation from a perfectly normal condition; the patient was quite well, and never experienced any symptom of the disease returning.

Here, it would appear, the spontaneous rupture occasioned sufficient inflammatory action to cause adhesion of the interior, and permanent obliteration of the sac.

Bicester, Oxon.

SMALL-POX IN DUBLIN.—The deaths from small-pox in this city for the three months ending 29th November amounted to 55. The disease, however, has disappeared from the other large towns in Ireland.

A LADY lately living at Hounslow has, amongst other legacies, left £100 to Moorfields Eye Hospital, and the remainder of her property, some £10,000, towards the erection of a hospital for Hounslow and its neighbourhood; and by her will desired that her medical attendant, Dr. Tyler Smith (Whitmarsh and Tyler Smith), should be the medical officer of the institution.

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.

ST. BARTHOLOMEW'S HOSPITAL.

THREE CASES OF CHRONIC MENINGITIS, FOLLOWING INJURY TO THE SKULL.

(Under the care of Dr. SOUTHEY.)

THE following is the third, and last, case of this interesting series. For the first case see p. 796, and for the second p. 834.

Esther S—, aged twelve, an anæmic, scrofulous, ill-nourished child, was admitted into Faith ward on March 4th, 1875. She had a vacant expression, with a knitted frontal frown. She lay curled up in bed, refused all blandishments, and pulled the bedclothes tightly round her whenever an attempt was made to examine her. She seemed deaf, would not answer questions, and was altogether morose. She walked into the ward, and on inquiry it came out that she had always been wayward and ill-tempered. About Christmas time (1874) she fell violently on the back of her head. No notice was taken of this, but some time afterwards she became dull of hearing and appeared deaf, although she sometimes undoubtedly heard what was said; she was thought to be shamming. There was great difficulty in getting her out of bed in a morning, indeed she generally had to be pulled out. Nine weeks before admission she was confined to her bed entirely, on account of constant headache, and of aching pain—supposed to be rheumatic—in the limbs and joints. She was capricious and restless, and often moaned or cried out during the night, or when left alone. Her bowels were constipated. Ever after the fall she was, her mother alleged, an altered child, though little notice was taken of the fall at the time.

On admission, the temperature was normal; pulse 96, irregular and feeble; respiration 20. The heart's action was irregular and slightly intermittent; the impulse was normal in situation, and there was no increase of præcordial dullness. There was good resonance over both lungs; the left supra- and infra-clavicular regions were rather flat, and the breath-sounds were feeble there. There was no evidence of any abdominal mischief. The lymphatic glands were everywhere natural to the touch. The urine was normal in quantity and character, but was chiefly passed in bed.

Except that she put out her tongue when asked to do so, there was scarcely any intelligent response to questions. At times she was very troublesome, and swore and made a great noise. The pupils were rather dilated, but there was no sign of paralysis of any of the ocular muscles. No ophthalmoscopic examination could be made, but it was evident from observations she occasionally made that she could see.

She was always fed with a spoon; on some days she would take a fair amount of nourishment and would be more awake, on other days she was so drowsy that she could not be got to swallow; she would even go to sleep with her mouth full of food, and had to be well shaken before she could be roused to masticate the food which perhaps was put into her mouth half an hour previously.

On March 12th she recognised her mother, and her face was flushed with excitement at the visit. Temperature 101.2°; pulse 84. The bowels had not been open for three days. She had vomited only once since admission. The eyelids were half closed, and she groaned and occasionally screamed out.

On the 16th she stared about wildly, picked her nose, rubbed her forehead, pulled out her eyelashes, and moaned whenever she was disturbed. Pulse irregular, 108 to 120. After this she became gradually feebler and more soporous, and for the last few days of her life had to be fed by enemata. She died on March 21st, seventeen days after admission, or three months from the commencement of the symptoms.