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,