West. On the 14th the ligature had cut its way nearly out, and was then removed. The patient was discharged well on May 27th, the vein being obliterated by a firm clot, but no suppuration taking place during the progress of the case.

The elastic ligature has also been used in two cases of nævus by Mr. West and Mr. Wilders. In both cases the ligature came away on the fifth day, leaving a healthy granulating sore, and the children have been completely cured of the deformity caused by the nævi.

STRICTURE OF RECTUM; COLOTOMY.

(Under the care of Mr. JORDAN.)

Mr. Jordan at the end of April performed Amussat's operation in a case of obstruction of the rectum from cicatrization following extensive ulceration. The patient has made a most complete recovery. In a case of epithelioma of the anus and rectum, in which both ischio-rectal fossæ were filled with large indurated masses, the same gentleman removed about two inches of the lower end of the gut by means of two semilunar incisions commencing at the posterior wall of the vagina, passing close to the tubera ischii of either side, and meeting posteriorly behind the coccyx. The whole of the indurated mass was in that way removed. The extensive wound thus produced was much diminished by approximating its sides anteriorly and posteriorly by means of sutures. The gut was drawn down and loosely stitched to the margins of the opening. The patient is doing well.

ST. ANN'S PAROCHIAL HOSPITAL, JAMAICA.

STRANGULATED SCROTAL HERNIA; OPERATION; RECOVERY.

(Under the care of Mr. GEORGE COOPER SANDERS.)

On August 30th, 1873, a slightly-built negro, named Prince Lewis, of medium height, aged thirty, applied at the out-patient department for the purpose of having a large hydrocele tapped. On examination, a large amount of constitutional disturbance was found; face haggard; expression anxious; tongue brown, and rather dry; pulse 136; bowels not opened for seven days; frequent vomiting, but this not stercoraceous; patient said he had no rupture, and had been tapped for hydrocele before. A careful examination was at once made of the scrotum, and it was believed a hernia could be detected at the upper part, but no impulse was given on coughing. The hydrocele was then carefully tapped, and when the serum was drawn off the hernia could be plainly distinguished. The patient was immediately placed in a warm bath, and taxis applied, but without success. Other tentatives were also unsuccessful. The diet ordered was fever diet, with one pint of milk, one pint of beef-tea, one egg, and four ounces of brandy.

Sept. 3rd.—The patient has been much the same since last note, complaining of great pain and continual vomiting, nothing having any effect on the hernia. The patient was now placed under chloroform, and a last, ineffectual, effort made to reduce by taxis. The usual operation was, therefore, performed, the superficial epigastric artery being tied during operation. On opening the sac, a large knuckle of highly-congested gut was discovered, the congestion being greater in some parts than in others. The strangulation was found at the external ring, and was divided directly upwards to the extent of one-eighth of an inch. This, however, was not sufficient to allow of reduction, so the stricture was divided more freely, when the gut easily passed back into the abdomen. The wound was closed in the usual manner, and a pad and bandage applied. Ordered one grain of opium every four hours.

4th.—Passed a rather restless night. This morning he says the pain is much less; feels as if he could defecate; has micturated freely since operation; no vomiting. Pulse 120, weak. Milk to be increased to a quart daily.

5th.—Pulse 80, thread-like; skin cool. Passes flatus now and again. Slept well last night. Wound healthy. Increase brandy to 6 oz.

6th.—Tongue cleaning at tip and edges. Patient says that he feels much better. Little or no pain on pressure over abdomen; bowels not open. Ordered an enema consisting of one ounce of castor oil, fifteen drops of tincture of opium, and eight ounces of warm water.

7th.—Bowels well open; is much relieved by evacuation. To have 1 lb. of chicken daily, and 6 oz. of bread.

11th.—Wound healing; there is a little burrowing of pus, which is checked by a pad and bandage. Patient is rapidly improving in weight. To have ordinary diet, with 6 oz. of brandy.

From this date the wound healed rapidly; patient was allowed to get up, and on the 20th September he was discharged recovered.

Reviews and Notices of Books.

A Treatise on the Diseases of the Ear. By Dr. D. B. ST. JOHN ROOSA, Professor of Diseases of the Eye and Ear in the University City of New York, &c. Illustrated with wood engravings and chromo-lithographs. pp. 535. New York: William Wood and Co. 1873.

A Clinical Manual of the Diseases of the Ear. By LAWRENCE TURNBULL, M.D., Physician to the Department of Diseases of the Eye and Ear of Howard Hospital of Philadelphia, &c. With a coloured lithographic plate, and over one hundred illustrations on wood. pp. 486. Philadelphia: J. B. Lippincott and Co. London: Trübner and Co. 1872.

Lectures on Aural Catarrh. By the late PETER ALLEN, M.D., Aural Surgeon to, and Lecturer on Aural Surgery at, St. Mary's Hospital. Second Edition, Revised and Enlarged. pp. 383. London: J. and A. Churchill. 1874.

Lectures on Diseases and Injuries of the Ear. By W. B. DALBY, F.R.C.S., Aural Surgeon to St. George's Hospital. With illustrations. pp. 221. London: J. and A. Churchill. 1873.

The Causes and Treatment of Deafness. With illustrations. By JAMES KEENE, F.R.C.S., Assistant-Surgeon to the Central London Ophthalmic Hospital. pp. 180. London: Robert Hardwicke. 1873.

Deafness and Diseases of the Ear. With illustrations. By J. P. PENNEFATHER, L.K.Q.C.P., &c., Surgeon to the Royal Dispensary for Ear Diseases. pp. 172. London: Baillière, Tindall, and Cox. 1873.

The Questions of Aural Surgery. By JAMES HINTON, Aural Surgeon to Guy's Hospital. pp. 304. London: Henry S. King and Co. 1874.

Atlas of the Membrana Tympani, with Descriptive Text; being Illustrations of Diseases of the Ear. By JAMES HINTON. 125 drawings, coloured by hand. London: Henry S. King and Co. 1874.

[FIRST NOTICE.]

THERE is perhaps no department of medicine and surgery more available to physical methods of examination and of treatment than that of otology, and yet none has been more generally neglected. Formerly entrusted for the most part to the care of advertising quacks, who possessed neither anatomical knowledge nor surgical acumen, diseases of the ear were rarely deemed worthy the attention of the legitimate practitioner. Partly from the inherent difficulty of the subject, and partly from the want of accurate information concerning the morbid changes which occur in the various parts of the auditory apparatus, especially in the tympanic cavity, a very general belief seems to have gained possession of the professional mind that non-interference was, as a rule, the best and safest course to be pursued in the treatment of diseases of the ear. Happily, however, such a state of things is rapidly becoming extinct. The labours of the few who have really devoted themselves to the study of the anatomy, the physiology, and the pathology of the ear are even now beginning to bear the wholesome fruit of a rational and scientific method of treatment. The importance of early treatment in aural affections is more and more appreciated by the profession and the public, but few beyond those who have had personal experience are prepared to acknowledge the value of well-directed and persistent efforts in diseases of long standing. This prejudicial