ear, composed of sulphate of zinc, one scruple; water, four ounces,—the meatus being syringed with soapy water previous to the injection of the lotion.

The iron was gradually increased, until he took ten grains, three times a day. The discharge ceased in a week, the hearing gradually returned, and in about one month he had become a healthy-looking boy, apparently free from all disease.

Mr. Cooke states that many of these cases of otorrhœa are not so easily managed; that the ulceration extends to, and cuts through, the tympanum, if astringents and tonics be not administered; and many cases are seen, in which the bony structure of the ear is implicated in the disease, caries of the contiguous portion of the petrous bone sometimes takes place, and abscesses form within the cavity of the skull, either diffused beneath the membranes, or circumscribed within the substance of the brain itself. Such formidable results do indeed warn us not to permit this apparently unimportant but insidious affection to remain unattended to. In the following case, another form is assumed by the anæmic disease, which results from scarlet fever. We give it as shortly as possible:—

Ann R—, aged six years, had suffered from scarlatina, three months before she was brought to the hospital. The glands of the neck had been more or less swelled since; there was a listlessness, and general indisposition to use any exertion, either to play or to eat. By degrees, she became drowsy; and, on the day previous to her being seen by Mr. Cooke, she had a convulsive fit, which continued for half an hour. When brought to the hospital, Sept. 20, the first thing noticed was a decided frown; the next, a largely-dilated pupil; then a remarkable blueness and prominence of the veins of the scalp. The head was hot, and drooped into the mother's lap; during sleep, it was rolled from side to side, and the eyelids were only partially closed. There was a dry skin, an inactive liver,—the dejections being of a light clay colour and consistency; the tongue was coated with a dirty white fur, and the pulse languid and small; the countenance was indicative of distress, and the whole surface of the body pale and exsanguined. Two four-grain doses of mercury with chalk restored the biliary secretion; tepid baths, with friction, assisted in renewing the action of the skin, whilst the cerebral symptoms were combated by means of the iodide of potassium, at first in doses of one grain, in infusion of calumba, three times a day; and, subsequently, in a grain and a half and two-grain doses, until the fourth day, when the coryza, which should always be produced by this remedy, set in. The cerebral symptoms at once began to ameliorate; the iodine was then diminished gradually, and desisted from on the seventh day. The pupil had recovered its natural size, the frown was gone, and the cheerfulness of the child had returned. The chlorate of potash, in doses of eight grains, three times a day, was now ordered; and, three days afterwards, ten grains, combined with twenty minims of tincture of bark, and a few drops of hydrochloric acid. The child progressed very favourably under this for ten days; and, all head symptoms having now disappeared, the sesquioxide of iron was prescribed, in ten-grain doses, three times a day, to be continued for a fortnight. When she returned, at the end of that period, nearly all traces of the anæmia had passed away, and she was enjoying her life fully. The iron, however, was repeated for another fortnight, at the close of which she was discharged quite well.

This case illustrates the propriety of treating the cerebral diseases of children, as for the most part arising from deficient power. Authority is certainly on the other side, but when we look at the statistics of the fatal diseases of childhood, we feel bound not to yield too implicitly to its guidance. We would especially draw attention to the value of the salts of iodine and chlorine in these affections. The chlorate of potash contains likewise a large proportion of oxygen, which renders it most desirable both as a febrifuge in asthenic fevers, and as a tonic; it must, however, be given, as Mr. Cooke says, in much larger doses than we have been accustomed to employ.

LONDON HOSPITAL.

Congenital Hernia in an Adult; Strangulation; Death; Autopsy.

(Under the care of Mr. CRITCHETT.)

THE diagnosis of tumours in the groin and scrotum is now and then surrounded with some difficulty; and although the strangest deviations from the usual course have been discovered and described as regards hernia, and surgeons are aware of the possibility of their recurrence, cases will present themselves where the most unexpected

state of things is found after operation. Who, for instance, would suspect congenital hernia in a man of forty-five? And yet we should be inclined to think that congenital hernia is perhaps more common than it is supposed; there is sometimes hardly any swelling, no pain or inconvenience, and both the parents and the patient are totally unaware of the congenital displacement. The following case, strongly illustrating this fact, was carefully noted by Mr. Mountford, the house-surgeon, and we subjoin it, with the remarks which he has thereto appended.

A very muscular man, aged forty-five, was sent from Stratford, Sept. 13, 1850, to the London Hospital, said to be suffering from "strangulated oblique inguinal hernia." On examination, there was found what appeared like a swelling of the spermatic cord, and passing from the testis to the inner ring was an oblong tumour, of equal dimensions throughout, giving under the finger also the impression of a thickened cord. The patient did not complain of pain, but only of a slight tenderness when the part was pinched, and there was no impulse on coughing. On being questioned, the patient stated, that about three or four weeks before his admission his groin became painful, and he there perceived a slight swelling, of which, however, he took but little notice. But the pain increased, and the swelling became more developed, so that he was, from time to time, compelled to give up his work for several hours. The swelling was always larger at night, and it came down more (as he expressed himself) when he coughed or used any exertion. The tumour still went on increasing until Sept. 10th, when the pain obliged him to take to his bed, and send for medical aid. His bowels were relieved for the last time on the 11th, and about that time he was first troubled with a little retching, which, on the evening of the 12th and the morning of the 13th, changed to vomiting, the latter being sometimes very violent, and accompanied by pains in the abdomen.

In the course of the 13th—viz., on the third day after the attack of pain, the taxis was applied without success, though the swelling was by that measure somewhat diminished. The patient was then sent to the hospital, where he arrived about seven P.M.

On examination, the tumour did not give at all the impression of a hernia. He was ordered a warm bath, and had afterwards a common enema. An hour after his admission vomiting returned, the ejected matter being fluid, of a dark colour, and of a fæculent smell; but he was still free from pain, both in the tumour and in the abdomen; there was no anxiety of countenance; the pulse was normal, and the tongue moist.

Mr. Luke was now sent for, but not being in the way, Mr. Critchett was called. After having made a careful examination, Mr. Critchett stated that there was doubtless fluid in the tunica vaginalis, and that by drawing down the testis, an indistinct margin of the organ might be traced, so that the swelling was not (as previously imagined) continuous with the testis, which would have been the case if a thickening of the cord only had been the cause of the tumour. Mr. Critchett considered that the case was very obscure; but taking all the symptoms into consideration, and seeing that the vomiting was increasing, he advised an exploratory operation, to which the patient consented.

On cutting through the skin and fascia, (which latter was slightly infiltrated,) a sac of peritoneum was soon discovered. On the latter being opened, a quantity of turbid fluid escaped, and a knuckle of intestine presented itself, flaccid, of a chocolate colour, and lying to the outer side of the cord, which was considerably thickened. The sac, which communicated with

a The intestine, lying by the side of
b The spermatic cord, somewhat thickened.

the tunica vaginalis, was much larger than its contents, the gut not reaching half way down; it was thin at the middle and lower part, but gradually thickened as it passed up, and at the inner ring it formed a dense band round the intestine, and strangulated it. Mr. Critchett with some difficulty divided this, and the intestine was returned into the abdomen. The wound was dressed, and the patient placed in bed. About an hour afterwards he was given thirty minims of tincture of opium.

Mr. Mountford, on visiting the patient the next morning, heard that he had not been able to sleep, but that otherwise he felt relieved; the sickness had not returned, but there had been no evacuation per anum. At two p.m. the patient was rambling a little, and incoherent in his conversation; he asked for some beer, which was given him, and shortly afterwards his bowels were freely evacuated. At the visit in the evening the symptoms of delirium had increased, and the same dose of tincture of opium was prescribed. At five a.m. of the second day, Mr. Mountford was again called to the patient, when it was found that he had been conducting himself in a very strange and delirious manner; he had left his bed, interfered with another patient in the ward, and frightened the nurse. When seen, however, by the house-surgeon, he was tranquilized; but he sank into a state of collapse, and died.

On examination of the intestines, the portion which was strangulated was laid open. It was throughout more or less gangrenous, but a well-marked band of sphacelus could easily be seen where the stricture had existed, and likewise at the knuckle, where the intestine was doubled on itself.

a a, The seat of stricture.
b, The knuckle of intestine.
(Both sphacelated.)

The case presents several points of interest: First, the total absence of pain from the time the patient entered the hospital until his undergoing the operation. This did not proceed from mortification, as the state of the intestine, on opening the sac, fully proved. It would seem that the strangulation cut off the circulation, and so impaired vitality as to allow the morbid action to go on after the return of the intestine into the cavity, this state of things terminating in death of the part.

Another question which suggests itself is, whether the freedom from pain resulted from the use of opiates previous to the patient's admission? This could hardly be the case, otherwise how are we to account for his sleeplessness after the operation?

Secondly. As regards the flaccid state of the intestine, there can be but little doubt that it arose from the vehement application of the taxis before the patient was admitted.

Thirdly. This case points out in a forcible manner how careful we ought to be in the examination of these doubtful cases of hernia.

Fourthly. It must be admitted that the intestine being found in the cavity of the tunica vaginalis is a very unusual circumstance at the period of life of the patient.

Lastly. This case shows the importance of operating early, as it cannot be doubted that the unfavourable result was mainly due to the long period that elapsed between the time of strangulation, and the means used for its relief.

Foreign Department.

Complete Absence of the Anus and Rectum.

M. FORGET lately published in *L'Union Médicale* the case of a child which, thirty-six hours after birth, had not passed any meconium. In place of the anal orifice, there was an elastic piece of skin which did not yield a sense of fluctuation. M. Forget, though he suspected an absence of the rectum, thrust a small trocar into the pouch, but brought away a few drops

of blood only; he continued to search for the rectum with a straight bistoury, but found no such gut, though his knife was fairly in the pelvis. M. Forget proposed to the parents an artificial anus in the iliac fossa, but this was obstinately refused, and the child sent to nurse into the country, where it died, amidst horrible suffering, without having passed any motions.

On a post-mortem examination the descending colon was found to end in a blind pouch opposite the lumbo-sacral articulation, and from this bag a fibrous cord, representing the rectum, was proceeding through the pelvis to the septum across the anus, holding the same relations to the surrounding parts as the rectum would have done. M. Forget mentions four cases, where both rectum and anus were wanting; they are respectively related by Ruysch, Binninger, and Jamieson. The author infers from this case that surgeons should search for the rectum with much caution, when called upon to remedy an anal malformation.

Iodine in Fresh-Water Plants and Animals.

M. CHATIN, Professor at the School of Pharmacy of Paris, recently sent a paper to the Academy of Sciences, wherein he gives the details of his investigations relative to the existence of iodine in some fresh-water animals, as the leech, crab, frog, &c., as well as in the plants which grow in the same waters. Iodine has been found in greatest quantity in ferruginous water. The author thinks that goitre is owing to the too minute quantity of iodine to be found in the water of certain countries.

Tumour of the Rectum containing the Débris of a Fœtus.

M. BOUCHACOURT, chief surgeon of the Charité of Lyons, communicated to the Academy of Sciences, on the 26th of August last, the case of a little girl, six years of age, from whom a tumour of the rectum was extirpated, which contained the débris of a fœtus. This case belongs to the endocymian monsters of Geoffrey St. Hilaire. Since the case related by Velpeau, in 1840, this is the only monstrosity of the kind which has required a surgical operation. The tumour was removed by excision and the ligature.

Doubted Reduction of a Luxation of long standing.

A discussion lately took place at a meeting of the Surgical Society of Paris, which exemplified in a very striking manner the inconvenience of publishing cases which are not complete. It would appear that M. CHASSAIGNAC reported to the Society, a short time ago, a case of a luxation of the humerus into the axilla, reduced after some months' standing. The patient was so pleased with the result, that he stayed but two days in the hospital, and could not be prevailed upon to submit to the treatment so essential after any reduction, and especially after one which is effected some time after the dislocation. The patient was, however, seen in the country by a surgeon, who found that the head of the bone was still in the axilla; and this practitioner forthwith writes to the Surgical Society stating the fact, and insinuating (which hint we think anything but brotherly) that the much-lauded reduction did not take place at all. M. Chassaignac was of course very much shocked, both at the state of the patient and at the conduct of his professional brother. The Society supported M. Chassaignac in a rather lukewarm manner: we cannot help thinking that the head of the bone may have been completely reduced, and slipped out again, as the patient was left entirely to himself two days after the reduction.

Foreign Hospitals and Schools.

ON MEDICAL EDUCATION IN PRUSSIA.

MEDICINE and surgery are taught exclusively in universities; of these there are six in the kingdom—viz., Berlin, Breslau, Bonn, Halle, Königsberg, and Greifswald, and in connexion with these academical establishments are hospitals where regular clinical instruction is given. A young man who wishes to commence the course of medical studies, must, in order to be admitted, produce what is called *Testimonium Maturitatis*, which document is obtained after an examination which comprises the ancient and modern languages, Mathematics, Natural History, General History, and Geography.

The medical studies must be carried on for four years, and these may be spent at any of the above-mentioned universities, or at some such academical establishment in Germany. There