P.S.—I am quite certain that the grand thing to be attended to in these operations is the care required in the proper adjustment of the instruments after the operation, and that I owe the rapid cure in this case to the judicious management of this department by Mr. Martin, who is most ingenious in these matters; at the same time it is quite evident that mechanical treatment alone never could have effected a cure. Fig. 2 shows the present appearance of the feet; they are somewhat swollen.

OBJECTIONS

TO THE

VEGETABLE ORIGIN OF PORRIGO DECALVANS.

To the Editor of THE LANCET.

SIR,—In last week's *LANCET*, No. 1064, we are favoured with an abstract from the "*Med. Chir. Rev.*" purporting to prove the vegetable origin of porrigo decalvans, to which is appended the following remark—"We have recently been enabled to confirm the observations of M. Gruby." A very short review of the subject, I believe, will prove the fallacy of the doctrine. The first objection I have to make is, that instead of the bald surface being covered with dry scales, or a white brawn-like powder, as M. Gruby supposes, this condition never exists in the disease under consideration, the external appearances of porrigo decalvans presenting a bald, smooth, and remarkably shining indented surface.

If the disease produces no powdery secretion we have none to examine; therefore I pass to the second objection,—"The hairs usually break off at the point where they are invested with the vegetable covering."

In porrigo decalvans the hair falls out, bringing the bulb with it, through absorption of the adipose structure, in which the bulbs are included, and from which the hair draws its nourishment; the absorption of this matter produces the remarkable indentation or flattening in each bald patch, and constitutes the pathological nature of the disease.

Now, in the common ringworm of the scalp, the porrigo scutulata of Willan, to whom we are indebted for the term decalvans, the hair does fall or break off, and is covered with an incrustation.

Third objection: "the vegetable nature of porrigo decalvans is a fact that speaks for the contagiousness of the disease." Now, porrigo decalvans is not contagious, and this the professor may take for granted, as my opinion is not grounded on the result of a few stray cases, but from facts observed daily in this particular disease for some years back. The conclusion that I have come to

is, that M. Gruby, and the promulgators of his hypothesis, have confounded one disease with another. I do not say with the porrigo scutulata only, for there are other diseases of the scalp with which those not practically acquainted with them may very easily confound it; to prevent confusion is the object of my writing.

A great barrier to the successful treatment of this disease within a satisfactory time, in many cases, arises from the almost utter impossibility, on the part of the practitioner, of being able to counteract the immediate cause when discovered;—poverty, grief, immoral habits, being frequently opposed in strong array against our best-directed efforts to check the increased actions of the absorbents; therefore, until this has been in a great measure accomplished, by appropriate internal remedies, regimen, and restrictions, all external applications should be avoided, or they may prove highly prejudicial. When proper, almost any stimulating unctuous preparation will bring about the desired cure. These difficulties I feel pretty certain would not exist if the disease, porrigo decalvans, derived its origin simply from vegetable growth. I have the honour to be, Sir, your obedient servant,

J. H. HORNE, Surgeon.

Princes-street, Coventry-street,
Jan. 23, 1844.

ANEURISM OF THE UMBILICAL CORD.

To the Editor of THE LANCET.

SIR,—Perhaps some of your readers may have seen cases like the following which occurred to me whilst at Exeter last summer. Yours obediently,

H. J. M'DOUGALL.

University College, Jan. 23, 1844.

On the 20th of May last I was requested to visit Mrs. Down, ætat. 35, the mother of two children, and the wife of the captain of a trading vessel residing in Centre St. Friars. She had been in labour some time, Mr. Pridham, who was engaged to attend her, being from home. The breech presented, and the child was born shortly after my arrival, having, from the state of the cuticle, evidently been dead some time. Whilst withdrawing the placenta Mr. P. arrived, and, on examining the funis, called my attention to a tumour, the size of a hen's egg, about two inches from its placental extremity. Dividing its coats, which were only the coverings of the cord, layers of fibrine appeared, and in the centre a coagulum of blood. I made a further examination, and having fixed an injection-pipe in the vein, threw in water, which issued from a transverse fissure in the vein about the centre of the tumour, which was thus a genuine false