40. *Treatment of Hydrocele in Children.*—M. RICHARD, while attending for M. Guersant at the Hôpital des Enfants, met with no less than twelve cases of this affection in the course of one month; and although accident may have led to this accumulation, he yet believes that it is of more common occurrence than is usually supposed.

The hydrocele of children is commonly termed congenital, and as in the great majority of cases the vaginalis communicates with the peritoneum, *congenital persistence* seems to be one of the conditions of the disease. Not that all these serous collections can be reduced by the hand, for it is more common to find them irreducible; but nearly all of them, if watched sufficiently long, are found appearing and disappearing, increasing and diminishing, from time to time. Of these twelve cases, two only were purely funicular, the ten others invading the scrotum and cord. The cysts of the cord, which often simulate a third testis, are in children and adolescents developed in the funicular portion of the persistent vaginalis; while in the adults we observe cysts of the epididymis, containing a turbid fluid and spermatozoa.

Experience has shown that, in the treatment of these hydroceles, the persistence of the communication with the peritoneum is not of the importance that might have been expected. M. Richard's cases are treated in the following manner: 1. The liquid is evacuated to the last drop by means of a short exploratory trocar, of very small calibre. 2. An assistant exerts compression upon the lower part of the belly and the track of the inguinal canal. 3. From six to seven grammes of alcohol (40° of Beaumé's areometer) are then thrown in. 4. The canula is suddenly withdrawn so as to leave the fluid in the sac; and after continuing compression over the inguinal canal for a minute, the operation is concluded. The consequences are very simple. The tumour increases a little towards evening, becomes a little painful next day, after when all pain entirely ceases. From the tenth to the fifteenth day, the tumour entirely disappears, and the child is cured. If he is of an age to admit of it, he is allowed to walk or play about after the operation. Sometimes, at the instant of withdrawing the canula, owing to the strong contraction of the cremaster and dartos, a little of the injected fluid is expelled, the little patient being at the same time seized with erection, or even expelling his feces. But this is of no consequence. Sometimes, however, a few drops of the fluid enter between the skin and the vaginalis. This is followed by redness of the skin, and the formation of a small abscess which bursts of its own accord, without interfering with the progress of the cure. The *smallest possible trocar* must be employed in this delicate operation, although, without practice, such an instrument is more difficult to use. We must render the hydrocele very tense with the left hand, isolating it as much as possible, and holding the trocar in the right hand, apply the pulp of the thumb and the index finger very near the pointed extremity of the instrument. In place of thrusting this in, as in the adult, we must insinuate its point as if using a bistoury. When the cure has been obtained, a good precaution consists in wearing an inguinal bandage for three or four months; for a principal advantage of the operation for congenital hydrocele, is derived from the protection it affords against the production of hernia.—*British and Foreign Medico-Chirurgical Review*, July, 1857, from *Gazette des Hôpitaux*, No. 41, 1857.

41. *Enucleation Treatment of Uterine Fibrous Tumours.*—Mr. J. HUTCHINSON has given (*Med. Times and Gaz.*, Aug. 8 and 15, 1857) an interesting report on this subject. The following are his conclusions:—

“1. That surgical interference with interstitial fibrous tumours of the uterus is always attended with very considerable risk, and ought not to be practised except under circumstances of urgency, or when the position of the growth is peculiarly tempting.

2. That when the tumour is not of very large size, and is already partially extruded, the operation is rendered comparatively devoid of danger, and ought to be performed at once.

3. When the tumour is yet wholly imbedded, and even when of large size,
No. LXVIII.—Oct. 1857. 35