

of the exposure of the mucous membrane of the tympanum and membrana fenestræ, these structures become diseased to an extent which, together with the loss of membrane, produce extreme deafness. The middle ear cannot be exposed to the air for any length of time without such a result being produced.

There is some difficulty in judging of the influence of the membrana tympani on the hearing; but there can be no doubt that hearing is more acute when it is removed altogether than when it is thickened and diseased. Its importance has often been calculated from the amount of hearing regained, when the membrane has been punctured under the latter circumstances. This is evidently a fallacious estimate. As Kramer truly remarks, those with loss of membrane may obtain sufficient acuteness for ordinary conversational purposes; but it is by no means equal to the appreciation of the delicate pulsations of sound perceptible by the organ in a state of integrity.

Savile-row, Burlington-gardens, July, 1848.

ON THE PROPRIETY OF INDUCING PREMATURE LABOUR.

By CHARLES EVANS, Esq., M.R.C.S.E., &c., Winstor.

Mrs. S—, aged twenty-six, of short stature, was taken in labour of her first child in August, 1839, and after seven days of severe pain she was delivered of a still-born child with the instruments: her recovery was slow.

January, 1848.—Being pregnant for the second time, she requested my attendance. I proposed bringing on labour about the seventh month, to which she consented. On Feb. 3rd I called upon her, and having introduced my index-finger, and with some difficulty succeeded in slightly dilating the os and cervix uteri, I separated the membranes around the os. In a week from this date I saw her again. I repeated the same operation, perhaps more fully than before, and gave a dose of ergot of rye night and morning. Pains came on, and gradually increased until the evening of the 15th, when I ruptured the membranes, and she was safely delivered of a living male child. Both are now well.

The following instance, which has just come under my notice, may perhaps serve to show the propriety of adopting the above plan of treatment in cases where it can be ascertained that a difficult labour will be the result:—

Mrs. B—, aged forty-six; had been married twenty-seven years; in labour with her first child. The pains commenced on Saturday evening, Feb. 19th, 1848, and her medical attendant was summoned early the next morning. On arriving he found the uterus acting powerfully, but the os only slightly dilated. After several hours of severe suffering the head very gradually descended into the pelvis. On Tuesday morning I was requested to see her. I found the pains strong; the head presenting, but making little or no progress; the pelvis unusually small, and the sacrum projecting. We waited until midnight, and then not succeeding in the extraction of the head with the forceps, I used the perforator, reduced the head, and by degrees, with the assistance of the crotchet during a pain, the head made some advance. On Wednesday morning, the 23rd, the poor creature continued to suffer, and fearing exhaustion might terminate fatally, we were kindly assisted by a neighbouring practitioner; and after two hours of powerful traction, we succeeded in delivering the patient. The placenta was extracted in about three hours afterwards. As might be expected, her recovery was slow.

Winstor, March, 1848.

REPORT OF A STRANGULATED FEMORAL HERNIA SPONTANEOUSLY REDUCED BY THE INFLUENCE OF CHLOROFORM.

By JOHN DAVISON, Esq., M.R.C.S., &c., Alnwick.

MARGARET A—, aged forty-five years, of debilitated constitution, from previous disease in the chest, a widow, and the mother of three children, the youngest seven years old, became afflicted with femoral hernia, from violent coughing, about three years ago, and has been more or less troubled with it ever since. It could generally be returned into the cavity of the abdomen, without much inconvenience, until the evening of the 19th instant, when I was sent for, and found a hernial tumour, rather larger than the ordinary size, in the right side, which she said had been down several hours.

I immediately had recourse to the taxis, with purgative enemata, and the application of cold, which were regularly continued until the following evening without any change.

From her being the subject of disease in the lungs, with violent cough and purulent expectoration, which sooner or later must cause her death, I hesitated about operating, and had recourse to large doses of opium every two hours through the night, with the view of producing narcotism. The desired effect did not take place; for on the morning of the 21st I found she had not slept, and that all her symptoms were much aggravated. Her countenance was greatly altered; pulse exceedingly quick, with great pain in the abdomen, as well as in the tumour, and constant vomiting,—all tending to show that unless speedy relief were obtained, death would shortly be the consequence.

Considering her condition too weak to undergo the operation, I requested my respected friend, Mr. Dennis, to visit her with me, mentioning, at the same time, that I was of opinion the exhibition of chloroform would be of service in her case, as likely to produce all the good effects of opium, without its evil consequences. In this opinion Mr. Dennis agreed, and after our repeating the taxis in vain for a considerable time, a drachm was administered from a handkerchief, which in about four minutes produced its usual anæsthetic effect; and on the taxis being again attempted, a gurgling noise was perceived, followed by the speedy reduction of the hernia.

She was allowed to remain undisturbed in her calm sleep for a short time afterwards, when she was roused by dashing cold water on her face; and on being told that the tumour had disappeared, she expressed her astonishment and gratitude at being so easily relieved from her misery.

I consider that much benefit will in future be derived from the use of chloroform in strangulated hernia, particularly where the patient has been reduced to a state of the greatest debility from previous disease, and where it is thought that opium might produce a good effect; but where, as in the preceding, it altogether fails, or the lengthened time necessary for its operation might be hazardous to the patient.

Alnwick, April, 1848.

ON A CASE OF CONGENITAL MALFORMATION OF THE GENERATIVE ORGANS.

By W. DALTON, Esq., M.R.C.S., Cheltenham.

In March last, I was called upon to attend Mrs. —, aged thirty years, the mother of two children. I learned from her that on the birth of her first child she had a placental presentation, attended with profuse hæmorrhage. Nothing remarkable occurred at the second labour, and she gave birth to a well-formed male child, now living. On this, her third accouchement, she had a perfectly natural labour, and of short duration.

On the birth of the child, the mother anxiously inquired its sex, but on inspecting the generative organs, I was compelled to hesitate in giving an opinion; however, on seeing the male organ tolerably well developed in point of size, and not wishing to shock the feelings of the mother too suddenly, I pronounced it a boy.*

Having readily extracted the placenta, and satisfied myself that the uterus had firmly contracted, I applied the usual abdominal bandage. During the ablutions of the child, I made a more minute inspection of its general conformation, which I found perfect in all its external parts, excepting the generative organs, and which gave the following appearances: the penis measured from an inch and a quarter to an inch and a half in length; it lay partially buried in a sulcus or groove, formed between folds of loose integument, having the appearance of enlarged labia, but in structure resembling the scrotum. On elevating the penis, I found it flattened and accurately adapted to the fissure beneath it. The upper surface of this imperfectly formed organ was covered by the prepuce, which spread over the glans, and concealed and adhered to its corona. The upper surface of the glans was, with this exception, natural, but it had no orifice; from the under surface of the glans I traced a streak of mucous membrane, about a quarter of an inch in breadth, taking the usual course of the urethra, and terminating in an aperture beneath the arch of the pubis, the orifice of which readily admitted a No. 8 catheter. I passed one readily into the bladder, and drew off some urine. Beneath this meatus the scrotum was separated by a continuation of the sulcus through its whole extent, and giving these parts the appearance of enlarged labia,

* The parents attributed the defect to their vehement desire to have a girl.

the diameter of the groove increasing from above downwards. On separating the labia, the urethral orifice was more completely brought into view, and gave to mind the most perfect resemblance to an hermaphrodite. The testes had not descended.

I consider this case was simply an arrest of development, the under portion of the urethra being absent the whole length of the penis, and constituting complete hypospadias.

I was called upon to visit this child on the 7th of April, and found it in a state of atrophy; it sank on the following day, at the age of one month.

No post-mortem examination was permitted, neither could I obtain a sketch of the parts.

Cheltenham, June, 1848.

INSTANCE OF SUPPURATION IN THE KIDNEY.

By C. M. MILLER, M.D., Stoke Newington.

I WAS summoned, on the 22nd of May, to attend T. J—, aged seventy-five, whom I found passing at every other micturition a large quantity of pus, having no pain in either kidney, nor complaining otherwise than of a throbbing in the perinæum, which was tender on pressure, but had no external swelling. These pains were occasionally lancinating. He could not retain his urine, which was of a very foetid odour, and became very slightly turbid on the application of heat and nitric acid. I did not examine him by the rectum, but from the above symptoms I concluded, although erroneously, that it was an abscess in the prostate. He being very weak, I ordered him generous diet and tonics; he continued much the same until the 3rd of June, when profuse diarrhoea set in, and continued until his death on the 10th.

Permission having been obtained for an autopsy, I examined the body on the 13th, and mentioned my suspicions to a friend of the old man, that my first diagnosis was incorrect, and that we should find mischief about one or both kidneys.

The abdomen alone was examined. The left kidney was much engorged with blood, and presented nothing particular in the interior; the right had a large bulla on the upper surface, and on cutting into the substance of that kidney about a tea-spoonful of pus escaped: there was no distinct cavity containing it, but the calyces were very much enlarged; the ureter was of natural size; no appearance of calculus; the bladder was thickened, and filled with urine and grumous matter of a very foetid odour; the lining membrane was purple. On looking over this it appeared strange to me that no uneasiness had been complained of in the region of the kidneys, but that all was referred to the bladder. I should have mentioned that there was a constant tenesmus, and I am informed that he had had more attacks than the one for which I was consulted.

Claremont Cottage, Stoke Newington Road, July, 1848.

FATAL CASE OF ESCAPE OF GALL-STONES INTO THE PERITONÆAL CAVITY.

By FREDERICK W. MARSHALL, M.B. Lond.

JOHN F—, aged twenty-two, a worker in a stone-delph, of temperate habits and general robust health, got drunk with three pints of public-house beer on May 1st, which caused vomiting, pain in the right shoulder, and general indisposition. He had since this "bellywarch" occasionally felt ill till Tuesday, May 9th, when, being at work, he felt a sudden severe pain in the left iliac region, with desire to go to stool. The pain increased while evacuating the bowels; the dejections were like oatmeal porridge. He went home and vomited, being "bent double" with the pain. It increased till ten P.M., when I first saw him. Symptoms: pulse not quickened; tongue not furred; no headach or aching of limbs; considerable thirst; anxious countenance; abdomen hard, particularly at the seat of pain, where there is much tenderness; the pain occurs in exacerbations, which are also brought on by movement; there is frequent and ineffectual desire to pass fæces.

These symptoms continued till Sunday, the 14th, when the strength became prostrated, in spite of stimulants and nourishment. Great coldness of extremities; sleeplessness; slight delirium; no vomiting since the first day. In the afternoon of Tuesday, the 16th, he died.

The treatment adopted consisted of venesection, leeches, cupping, castor oil, followed by opium in large doses, with small quantities of mercury pill, enemata, fomentations. The cupping gave the greatest relief, enabling him to lie on the

left side of the body without pain for six hours, after which it returned as before. The opium failed to produce sleep, except for a few minutes, which the patient believed to be as many hours.

Post-mortem examination, forty-eight hours afterwards.—Abdomen very tense; a little clear yellow serum escaped from the first incision. At the right iliac region, close to the appendix vermiformis, (which was glued to the parietes with lymph of a greenish colour,) were found two gall-stones, one weighing five grains and a half, the other, one grain and three-quarters, quite loose in the peritonæal cavity. Much greenish lymph was effused on the neighbouring viscera. On following the effusion upwards, it led to the pyloric extremity of the stomach, on the greater curve of which, about one inch and a half from the pylorus, was found a large valvular opening, from which the contents of the stomach gushed upon the slightest pressure.

A few days before this case occurred, a cousin of this young man was under my care with symptoms remarkably similar, but not so intense. He began to amend when the calomel and opium which were exhibited began to affect the gums.

Horwich, Bolton, May, 1848.

Analyses OF

COMMUNICATIONS IN MS. RECEIVED FOR PUBLICATION IN THE LANCET.

"L'auteur se tue à allonger ce que le lecteur se tue à abrégér."

On the little Necessity of an University Residence to Candidates for Degrees in Medicine.

"JUVENIS MEDICUS," the holder of a physician's diploma, a member of the London College of Surgeons, and exercising professional duties in the public service, remarks that the improved condition of society, as regards general education, in our day, has important bearings upon the subject of which he treats. He says,—

"Whoever takes the trouble to peruse the regulations enforced formerly at the various British universities and Colleges of Physicians, and compares them with those adopted at the present day, may readily perceive that the necessity of a long residence has become less apparent to the authorities of such universities, as instanced by the term of study being commuted, or by a residence at some other seat of learning being permitted, prior to the attainment of degrees or licences in medicine. By some of the colleges a residence is now not at all required.

"To what may this change be owing? It cannot be attributed, I think, to anything else than a conviction forcing itself on the minds of the senates and other authorities, that the curriculum of study enforced at former periods had become inapplicable to the community, owing to the greater diffusion of general knowledge and science. At the time residence at universities was first ordained, before granting degrees, no medical schools, unconnected with universities, existed; and much as quackery now flourishes, yet at the period I refer to empirics formed comparatively a much larger proportion of the practitioners of medicine than they do at the present time. Individuals desirous of practising with credit were obliged to resort to one or other of the few seats for the diffusion of medical knowledge then in existence; and that a period was fixed for their sojournment, in reference to the amount of knowledge expected to be acquired by candidates, appears very probable; but that it was originally intended to preclude candidates from obtaining the necessary degree of information from other sources may be inferred with a much less degree of certainty. The distance, state of society, and national prejudices, may have possibly operated as sufficient causes to prevent any allusions being made to a residence at one university being substituted or acknowledged as equivalent to a like period passed at another, as we witness at the present day, and which latter circumstance would appear to me, perhaps erroneously, a virtual acknowledgment of how little it matters where the period of study is passed, or information acquired, provided the candidates be found to have profited by them at their examinations.

"It may be considered, I conceive, that however residence at a university might be deemed indispensable formerly, and required by colleges, yet that at the period we now live in, the same necessity for it not being apparent, it may with