

tina; and having a large union practice, it became of importance—to me a personal consideration—to adopt the most efficient treatment, otherwise the cases would have so accumulated on my hands that due attention could not have been bestowed on them. I early made up my mind to look upon scarlatina as a disease of effusions, and adopted iodine as the basis of all treatment therein. The tincture of iodine freely applied to the throat by means of a feather, the iodine ointment applied outwardly over the glands, and an iodine mixture given inwardly, formed my staple treatment, and no other treatment did I find so efficient. In the early stage of the throat affection, if I were so fortunate as to see the case then, I painted the throat both inside and outside with the tincture, and then applied the iodine ointment; and very seldom, where this was done early enough, was I troubled with a serious throat complication. In some cases, where the tonsils were enlarged so as to interfere with easy respiration, I excised them with so much advantage that patients who had not slept for days from inability to breathe, fell asleep immediately after the operation, and rapidly recovered.

Taking the view I do of scarlatina, as soon as I was satisfied as to the case, I gave the following mixture, varying the dose according to the age of the patient; and, in the kidney complication with anasarca, I must say I have not seen it fail to cure where a probability of recovery was left—that is, where the case was not hopeless:—Iodide of potassium, a drachm; iodine, two grains; chlorate of potash, a drachm; nitrate of potash, a drachm and a half; aqueous solution of potassa, a drachm; water to eight ounces: from a teaspoonful to a tablespoonful, according to age, every four hours.

In ordinary cynanche tonsillaris, which to some people is so troublesome, affecting them two or three times in the year, the iodine application, both directly by means of a feather and by means of inhalation, is most serviceable; and I could mention twenty cases or more where, by perseverance in this remedy, not only have the patients recovered more speedily than otherwise, but the disease has ceased to recur, which is a recommendation that is not despised by those subject to sore-throats, and which they look forward to as ordinary ills to be endured periodically without any help for it.

So much for one remedy, and there are no other remedies in this disease at all to compare with it; and as my object has been simply to talk of iodine, I leave other considerations for another time.

July, 1859.

OPERATION FOR STRANGULATED HERNIA IN AN INFANT, AND FOR HYDROCELE.

By JOHN DUNLOP, L.R.C.S.I.,

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IN THE LANCET of June 11th appeared an article, headed "Remarkable Circumstance occurring in a Case of Strangulated Hernia," by Mr. Barwell. On the 16th of last month I operated upon a child aged one year and nine months, labouring under strangulated congenital hernia; in which case the appearances during the operation were strikingly similar to those exhibited in that of Mr. Barwell.

J. McG— applied to me about eight months since for a truss for her infant, who was affected with congenital oblique inguinal hernia on the right side. Having with great ease reduced the bowel, which filled the scrotum, I applied a truss, and gave the mother directions as to the future management of it. I did not see the child again until the 16th ult., when his mother stated that during her absence from home on the previous night the truss had been taken off. In the morning, a small rupture having appeared, the truss had been applied over the tumour without having first returned the bowel. On the evening of that day I saw the child, when all the symptoms of strangulated oblique inguinal hernia presented themselves. The tumour was of large size, very tense, and distending the entire scrotum, which was of a reddish tinge. Being unable to effect reduction by means of the taxis, &c., I proceeded to operate, being kindly assisted by my friend, Dr. O'Connor, of Ballycastle. The operation was proceeded with in the usual way. The tunica vaginalis was found to be very tense and thick, and filled with a gelatinous, semi-transparent mass about the consistence of healthy brain, one inch and three-quarters in length and one inch in diameter; and a small

knuckle of intestine, of deep-purple colour, was found strongly attached by adhesions to the surrounding parts. Having, with great caution, broken down these, and divided a very tight stricture at the internal ring, I returned the bowel and closed the wound, which rapidly healed by the first intention. The child is now in all respects perfectly well.

In the above case I have no doubt that the peculiar gelatinous mass was caused by fluid effused from the tunica vaginalis, the watery parts being afterwards absorbed by the great amount of inflammation caused by the improper adjustment of the truss. That such has been the fact, I think the following case fully proves:—

W. M—, aged twenty, came to me on August 8th, 1854, complaining of a very large hydrocele. I recommended an operation for the radical cure, to which he strongly objected. I then treated him with counter-irritants, iodine frictions, &c., applied to the scrotum. When under this treatment for two months, the hydrocele became much smaller, fluctuation less distinct, and when examined by a candle it appeared more opaque. Wishing to be married, he at last consented to an operation. Upon introducing the trocar, no fluid appeared. I then introduced a sharp-pointed probe through the canula, and moved it in every direction, when, much to my satisfaction, about four drachms of fluid passed through the tube, of the same colour and consistence as that mentioned in the first case. I then injected the hydrocele with a solution of sulphate of zinc (a drachm to a pint of water), since which time the patient has enjoyed perfect immunity from his old complaint. He was married seven weeks after the operation. In this case the watery parts had evidently been absorbed, the inflammation being caused by counter-irritants, as in the first case by the truss.

Craig Bushmills, Co. Antrim, July, 1859.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. GEORGE'S HOSPITAL.

DISLOCATION FORWARDS OF THE HEAD OF THE HUMERUS OF NEARLY SEVEN MONTHS' STANDING; ATTEMPT AT REDUCTION.

(Under the care of Mr. CÆSAR HAWKINS.)

WHEN several months have elapsed after the occurrence of a dislocation of the shoulder, and new adhesions have formed around the head of the humerus, it is very doubtful whether, by attempts at reduction, anything more can be gained than an improvement in the faulty position of the arm. A complete reduction after nearly seven months becomes impossible, yet the breaking up of old adhesions will sometimes permit the head to lie immediately over the glenoid cavity, partially filled up, or occupied by the torn capsular ligament, which will thus intervene between it and the head of the bone, and form a cushion for it. If the arm be now carefully bandaged, and kept in proper position, a reduction to all intents and purposes is accomplished, for in a little while the patient will have nearly as much motion as if the reduction had been attempted considerably earlier. We have seen this done two or three times with success; one example we can call to mind under Mr. Fergusson's care at King's College Hospital, and another (in which the head of the bone had been displaced for two months) under Mr. Cock, at Guy's Hospital, wherein the result was most satisfactory. (THE LANCET, vol. ii., 1857, p. 471.)

Had not Mr. Hawkins' patient prematurely left the hospital it was Mr. Hewett's intention to have done something of the