

small intestines, was found vascular; and there was slight serous effusion into the abdominal cavity, with a few flakes of lymph. The vagina and cervix uteri were healthy; the seat of the polypus showed only a slight projection—no inflammation nor ulceration. The body of the uterus was greatly hypertrophied, weighing $2\frac{1}{2}$ lbs., with several nodules of various sizes projecting from its surface. There was a small pendant polypus within the cervix, about an inch in length; and, on laying open the cavity of the uterus, a larger one was seen hanging from the fundus, $2\frac{1}{2}$ or 3 inches in length. The peduncles were pale, but the bulbous heads purple and flaccid, as if composed of turgid vessels. A question arose as to the malignancy of the tumours in the walls of the uterus; but the general opinion seemed to be, that they were fibrous and non-malignant. They were perfectly smooth, almost globular, and slightly elastic to the passage of the knife, the section giving a distinct fibrous appearance.

DISEASES OF THE CUTANEOUS SYSTEM.

LUPIN-SEED FAVUS. By E. WELLS, M.D. (June 30th, 1852.) Dr. Wells presented wax models and a drawing of a specimen of the lupin-seed favus, extending over the whole body, which had existed in a little girl in the hospital. The disease had yielded to alkaline baths every night, of six ounces of carbonate of potass, in thirty gallons of water at 98° . The portion of the disease on the scalp was treated with equal parts of sulphur ointment, and tar ointment, and alkaline lotions. Dr. Wells remarked, that the disease began in small points, which coalesced and formed patches. Some of the smaller of these much resembled a section of calumba root. He also stated, that favus in the scalp often got well under simple poultices. These were, at any rate, absolutely necessary, before stimulating applications were used. Three of this patient's brothers were, it seems, affected with the same disease in the scalp.

CUTANEOUS CANCER. By I. HARRISON, Esq. (Sept. 1st, 1852.) Mr. Harrison presented a cast of cutaneous cancer in the neighbourhood of the left eye, taken from a man aged 92. Mr. Harrison thought this man's death had not been in any way accelerated by it. He died by asthma. Mr. H., however, recommended the early removal of tumours of the face; as, he thought, they always degenerated into malignancy. He mentioned a case in which Sir A. Cooper had been consulted, and had advised non-interference, but in which cancerous degeneration had since taken place.

Mr. MAY referred to the case of the clerk at Sonning church, in whom an epithelial cancer had existed thirty years, and had now destroyed the cheek. He thought that, in this form of disease, the neighbouring tissues were tolerably free.

In surgery, there has been little brought before the Society. The few cases relating to this subject I have thought it better to place amongst the diseases of the different systems to which they belong, finding it very difficult to distinguish where medicine ends and surgery begins. I may refer, in proof of the necessity of their existing together, to the two cases of operation by Mr. May. In these, what would have been the value of the attendance of a man endowed merely with the knowledge of external disease and hand work? In his most anxiously treated case of artificial anus, the symptoms brought to him the knowledge of some hidden grave obstruction somewhere in the intestinal canal, and his knowledge of hand-work enabled him to find and use the probable remedy.

We might hope for greater advances than even have been made in our capability of distinguishing disease, but more particularly in our capability of advising our patients well as to some of the dangerous operative proceedings they are to undergo, if all our brethren were induced to adopt the practice of reading their unsuccessful as well as their successful cases. Doubts are thrown on the results of the ovarian section, and its justifiability as a surgical operation, by the non-appearance of facts which, though they

may, in the eyes of some, militate against the reputation of an individual, would make easier the path of many an anxious member of our profession in his endeavours to relieve suffering humanity.

Reading, September 1853.

TWO CASES OF VIOLENT INFLAMMATION OF THE PENIS, CAUSED BY CONSTRICTION WITH STEEL RINGS.

By S. T. CHADWICK, M.D. Edin.

ALTHOUGH the following cases may not possess much practical value, their unusual occurrence may render them of sufficient interest to merit being recorded.

CASE I. A farmer's son, aged 7 years, residing in the neighbourhood of Standish, was brought to me on a Tuesday morning, in consequence of what his parents (who accompanied him) stated to be an inflammation about his private parts.

On examination, I found the penis prodigiously swollen, tense, and inflamed; and, on the least attempt at manipulation, he involuntarily receded, and screamed out from pain, which was evidently of an agonising character. I was astonished on observing the defined form of the swelling, which abruptly terminated near the root of the penis, at which part there was a grooved appearance that completely encircled the organ; and on forcibly pressing the swelling to one side, I thought it was surrounded by a tight ligature. After urging the boy for an explanation, he for the first time gave a narrative, from which the following facts were gleaned; viz. that on the evening of Sunday he was in one of the outbuildings, amusing himself by attempting to pass a metallic ring over the penis, which, after some difficulty and perseverance, he effected, and very shortly after accomplishing it, he was called into the house by a servant, to partake of supper and be put to bed. In the course of the night he awoke from a feeling of uneasiness; and then, for the first time, he made an attempt (which was ineffectual) for the removal of the cause of the inconvenience. He passed a restless night; and on rising in the morning, he complained of indisposition, so much so, that he was kept from school. During the day he got worse, refused his food, became feverish and restless, was frequently sick; but it was not until evening that he directed his mother's attention to the seat of his suffering. She informed me that at that time there were considerable swelling and inflammation, and she commenced fomenting with a decoction of herbs, and gave him a potion of some domestic cathartic. These means, however, afforded him no relief; the night was passed without sleep, and there was occasional delirium. In the morning, the case had assumed an appearance so alarming, that he was brought over in a spring cart to my surgery, attired in girl's apparel, as he could not endure the contact of his own clothes.

As a similar case had never before come under my observation, I felt exceedingly perplexed how to proceed under the circumstances. By means of several scarifications, which were followed by a copious discharge of blood and serum, and the use of an evaporating lotion, the swelling and sensibility were diminished, and thereby a greater tolerance of handling was the result.

An ingenious mechanic, who chanced to be present, suggested the possibility of the ring being snapped with a powerful pair of forceps or pliers; but the difficulty that presented itself was the deep sulcus in which it was imbedded. Nevertheless, after the lapse of considerable time, we succeeded in breaking the ring on each side, by the means alluded to above.

An emeto-cathartic mixture was ordered to be administered, and warm water dressings kept assiduously applied to the parts.

CASE II. The second case was the son of a nail maker from Atherton, aged 8 years. This case also was produced under

similar circumstances, and presented almost the same appearances; it is therefore unnecessary to go into any lengthened detail. In addition, however, there were several vesications at the end of the prepuce, retention of urine, the distended condition of the bladder being evident in the hypogastric region. The same plan of treatment was pursued, and the removal of the foreign body was equally painful and protracted. The difficulty of both operations was greatly augmented by the utter impossibility of restraining the writhings of the sufferers. It was gratifying to witness the sudden amelioration of both the general and local symptoms, following almost immediately on the removal of the exciting cause. In a few days, the patients could move about the room; and before the expiration of a month, the only abnormal appearances observable, were some thickened condition of the integuments, and marks left by the abrasion produced by the rings.

Had the constriction not been removed, it is evident that gangrene must have very shortly ensued.

The induction of anæsthesia would doubtless very materially have facilitated the various steps of the operation, and also have saved the children much torture; certainly, should I meet with another case, I shall resort to its agency.

Bolton-le-Moors, Lancashire, November 10, 1853.

CASE OF TRACHEOTOMY; WITH REMARKS.

By CHARLES WEBB, Esq.

AT 5 P.M., Sept. 5th, I was called to see a fine stout child, aged two years and two months, who had inhaled the steam from the spout of a boiling tea-kettle, a few minutes before I arrived. On examining his mouth and tongue, I found no blisters. I advised the mother, if she found the breathing affected, to apply bread and mustard poultices to the throat, and give him small and repeated doses of oil, and to let me know if she saw any change. About eleven o'clock the same night, my assistant being in the neighbourhood, I got him to call in and see the child. He found him heated and restless, and some difficulty of breathing. I gave him an aperient powder and an antiphlogistic mixture, and applied two leeches, which bled freely, without relief. A little before five the next morning, I was informed that he was much worse; and, on visiting him, I found his lips blistered from the steam. He was perfectly insensible; his breathing was most laboured and gasping, as if the glottis were all but closed.

Under such circumstances, not a minute was to be lost; and I proposed the operation of tracheotomy, which was at first refused by the parents. I told them there was no time for delay, as it was the only chance of saving the child's life. With their consent, I immediately operated. Directly the trachea was opened, the breathing was instantly relieved. The child had been for some time troubled with a cough, and a good deal of mucus escaped from the opening. Having no tracheal trocar or canula, I used a common dressing case-knife, and enlarged the opening of the trachea with a blunt topped bistoury, and inserted a hydrocele canula; but, from the spasmodic coughing, it could not be retained. After waiting more than an hour, I obtained about two inches of a No. 9 catheter, and introduced it. This for a few minutes produced considerable irritation, and the expulsion of a great quantity of mucus. After this, he fell into a sound sleep, and slept for three hours, when he awoke up quite conscious and refreshed, and made his mother understand that he wanted drink. I had ordered cold thin gruel to be ready for him when he required anything, and he drank freely and frequently of it, and continued to do so for a week, and nothing else. He continued his mixture, and progressed daily, without a bad symptom, to recovery. The canula was removed several times to be cleaned, and it was withdrawn altogether on the 13th. The wound closed up in a short time, and was completely healed on the 2nd of October.

REMARKS. I have only to make some remarks on the operation to any one who may be placed in my situation, not having instruments proper for it at hand. After cutting through the skin, remove the fat which fills up the opening with a pair of forceps and scissors; by doing so, the wounding of vessels and hæmorrhage are avoided; and the trachea, being laid bare, will give a clearer sight for the insertion of the knife. Had I not done this, the operation would have failed, as the child would have been suffocated with blood and mucus, although he did not lose more than half an ounce of blood during the time I had to wait for the canula. The space being clear, I could wipe away both, with a cold sponge, as fast as either appeared.

Basingstoke, November 10th, 1853.

BIBLIOGRAPHICAL NOTICES.

HANDBOOK OF ORGANIC ANALYSIS. By JUSTUS LIEBIG, Professor of Chemistry in the University of Munich. Edited by A. W. HOFMANN, Ph. D., F.R.S., etc. London: 1853.

BARON LIEBIG, in his prefatory remarks to this book, acknowledging the assistance received by him from Dr. Strecker of Christiana, and Dr. Hofmann, his present editor, gracefully says, "I believe the cooperation of my friends, who possess so much experience in that department of chemical analysis, 'the organic', has conferred a peculiar value upon this little work." To Liebig, however, we cannot but ascribe the simplicity and clearness pervading this Handbook, (and which, when he pleases, are the characteristics of his style,) as well as the excellent general arrangements, so plain and easy to be comprehended, that the student must be obtuse indeed who cannot understand and follow the directions without difficulty, after some slight practice in manipulation.

We can readily imagine that "the peculiar value" referred to, as due to Drs. Hofmann and Strecker, consists in what the former calls "little improvements"; being in truth the details of those seemingly trifling precautions; and the methods for making, arranging, and using various simple apparatus, without the careful observance and use of which, success in organic analysis is unattainable. With such "little improvements" every page is studded, lending most truly "a peculiar value to this little work;" its smallness being, in our eyes, not the least of its merits.

Whatever may respectively belong to each author as his special deserts, we cannot speak too warmly of the manner in which the triumvirate has produced the useful *vade mecum* before us. We particularly thank Dr. Hofmann for his successful adaptation of coal-gas to the purpose of organic analysis, an arrangement of especial benefit to the chemists of this country. To point to the pleasant rendering of the original into our language is almost superfluous, the editor being, as it were, naturalized amongst us, and we, moreover, remembering a very successful exercise of this faculty on a former occasion, and on a more difficult subject. The engravings are unusually distinct and good; and we are glad to see that the accessories of paper and type are such as should always be bestowed on a useful and original work, especially if it be one intended for hard service.

PRACTICAL PHARMACEUTICAL CHEMISTRY. By DR. G. C. WITTSTEIN. Translated by STEPHEN DARBY. London: 1853.

MR. DARBY'S command of his mother-tongue is not evidenced in this translation. He pleads, indeed, in extenuation, that it was executed in the hours of relaxation from business: but we cannot see the force of this excuse. When he was at work, he might as well have done it thoroughly as indifferently. "Whatever is worth doing, is worth doing well."