It is usually recommended, that, in puncturing the head, we should make a small opening, so as just to drain off the fluid without injuring the brain, and thus save, if possible, the life of the child. This precaution, however, seldom succeeds; as, in the instance related, the bones collapse, and the cranium is so much squeezed together during its passage through the pelvis, that the soft and pulpy brain, now deprived of the support of the fluid, soon becomes mashed up and destroyed, and flows away with the fluid contained in the cranium. But this is the less matter for regret, because the chance of life, and especially of ultimate health, after such an operation, however successful at the time, must be extremely slender.

Clifton, Bristol, September 1854.

ARTIFICIAL TEETH SWALLOWED, AND EJECTED BY THE BOWELS.

BY RICHARD THURSFIELD, Esq.

CASE. I was hastily summoned, on Saturday morning last (Sept. 30), at six o'clock, to a gentleman who was reported to have swallowed his artificial teeth. I learnt from him that he awoke suddenly with a sensation of choking, and at once found he was in the act of swallowing four enamel teeth fixed in a gold plate, covered on one side with gutta percha. He still felt a disagreeable sensation, as if something was in the oesophagus; but it was only a feeling, for he could swallow readily either fluids or solids. I ordered him to keep quiet in bed, to lie on his right side, and to live on gruel; and, in the course of an hour or two, to take a dose of castor oil. On Sunday, I found him entirely free from pain; and he continued living on gruel, but got up and walked about the house. On Monday (Oct. 2), he was still as comfortable, and repeated the dose of oil; and about two o'clock, without the slightest difficulty or pain, the teeth passed. I send an exact representation of them.

The termination of the case in so favourable a manner was hardly to be expected, from the shape and insolubility of the substance swallowed.

Broseley, Shropshire, October 6th, 1854.

CASE OF STRANGULATED HERNIA MASKED BY AN ENLARGED GLAND.

By J. D. BROWN, Esq.

HAVING read a case in the ASSOCIATION JOURNAL for May 26th, 1854, p. 467, mentioned by Dr. R. H. Semple, of strangulated hernia masked by an enlarged gland, which ended fatally, I consider it may be useful to detail the particulars of a similar case, which had a favourable termination under different treatment.

CASE. A woman, aged 54 years, delicate, had long suf-

fered from a glandular tumour in the groin. Under the influence of iodine, it was reduced to the size of a pullet's egg, and remained so up to her attack of hernia.

In March last, after breakfast, and immediately subsequent to the bowels having acted, she was seized with severe pain in the abdomen, attended with vomiting, and the usual symptoms of enteritis. My assistant saw her in my absence, and treated her accordingly; having failed to detect hernia, as she had no enlargement in the femoral region, nor yet pain the tumour, which was of the same size as usual. She was bled, had leeches applied, was salivated, and blistered, but not a single symptom gave way. The pain was severe, the abdomen tense, and very tender. Every possible means were resorted to, to remove the obstruction, without avail. At the end of three days (when I first had an opportunity of seeing her), I directed a tobacco injection to be administered, under the influence of which a little faecal matter passed. I then commenced giving her large doses of opium, which effectually relieved the pain. She suffered none after the first dose of two grains. This was persevered in for twenty-four hours at long intervals. She slept a good deal, but still would keep nothing on her stomach. The vomited matters were now evidently stercoraceous. Her breath smelt so offensively strong of faecal matter, that only a sense of duty enabled one to endure it.

On the fifth day, I called Mr. Rowe (of this town) into consultation, and again every region of the abdomen was carefully inspected. Nothing but the tumour presented itself, painless and apparently harmless.

We now determined on making an exploring incision, with faint hopes of discovering something; but still resolved on waiting till the evening, hoping some better change would take place. By this time the pulse was scarcely perceptible.

We agreed to operate by removing the tumour and dissecting our way down to the ring. We cut through carefully, fearing some intestine might have got behind it, and which proved to be the case, for there lay a small knuckle of it, quite black. It was liberated; the symptoms gave way; the bowels acted before the morning. Sloughing of the wound supervened; but in spite of all she recovered.

I have published this case in full, as I can perceive no difference between it and Dr. Semple's. Both are instructive, showing the danger of trusting to any but ocular testimony in doubtful cases. I would never hesitate to explore in any similar ones that may occur: by hesitating, Dr. Semple lost his patient, and I nearly lost mine.

Haverfordwest, October 1854.

PERISCOPIC REVIEW.

OPHTHALMOLOGY.

OPHTHALMOLOGICAL GLEANINGS.

CONGENITAL ABSENCE OF THE IRIS.

Professor W. BOECK, of Christiania, publishes in *Hebra's Zeitschrift* an account of a family, four members of which laboured under this defect.

In the father, aged 52, there was no iris in either eye; the right lens was cataractous, the left cornea opaque.

In the aunt, aged 62, the right cornea was partly opaque, and there was incipient cataract; the left cornea was clear, but the lens of that eye was partially opaque and somewhat dislocated.

In the son, aged 17, both corneæ and lenses were healthy, and a reddish reflection was visible from the bottom of the eye. The patient was myopic, but his sight good in other respects; and he suffered no inconvenience from light. Both eyeballs were in constant oscillation.

The niece, aged 37, had the same deficiency of the iris; but her corneæ were nebulous and vascular. She could of course see but indistinctly, but had not lost the power of adapting the eye to different distances. This faculty, as our readers will