

three times a day; and sinapisms to the abdomen, with the same diet, &c.

On the 8th, the child was decidedly better, and had become so cross as hardly to suffer me to enter the house. The stools were much more natural, and fewer in number; while the eczema ani had quite disappeared.

On the 14th and 17th, I found her steadily improving, with a good appetite, and healthy evacuations.

On the 19th, she appeared to droop a little, having been doing well till then, contrary to the expectations of her parents.

On the 20th, I found her worse, and was informed that on the afternoon of the previous day, a small red spot, about the size of a sixpence, had appeared under her chin, and had rapidly spread until it assumed the formidable appearance it now presented. There was no swelling nor hardness, the redness being well defined, and terminating abruptly in the healthy skin. It was quite continuous, and extended over the fore part of the neck, the chin, and the lower part of both cheeks. The cuticle was entirely separated from the cutis, and the serum distended it at the dependent portions. When the cuticle was removed there was a copious clear discharge from a red and angry surface. It looked precisely as if a kettle of boiling water had been poured over it, or a large blister had been applied to the part. The child lay on her back, dreading motion, with the extremities cold, and would take nothing but milk, which I allowed plentifully, and directed finely-powdered starch to be dusted on the neck.

On the 21st, I found matters worse, the disease spreading over the neck, and continuing to present the same appearances. There was a red spot on the nose, and also on one of her fingers; the stools had again become unnatural and slimy. I directed a little port wine to be given, and as much milk as she chose to drink.

On the 22nd, it had spread all over the upper part of the back, and over the left scapula, where there were a few blackish spots like gangrene, and the stench was very unpleasant. The redness appeared to extend in the first instance, serum being then uniformly and rapidly effused under the cuticle. There was no heat nor swelling of the affected parts; the bowels were more natural.

She continued perfectly conscious to the last, and her death, on the 23rd, was hailed by her parents as a deliverance from suffering. The emaciation was extreme; and the body looked exactly as if the child had been dipped in scalding water, the cuticle being entirely separated from the nape of the neck to the nates. The appearances and smell which I had thought to indicate gangrene, were, contrary to my expectations, gone.

I felt extremely at a loss what diagnosis to make of this disease. To erysipelas it bore no resemblance, particularly in that the entire part affected continued discharging serum to the last. And I may add, that two practitioners, of extensive experience, to whom I showed the case, were equally unable to assist me in forming an opinion.—*Prov. Med. Gazette.*

## SURGERY.

*Ricord's Operation for Phimosis.*—His method is as follows:—The penis is allowed to remain in its natural position, and no traction is used: a circular mark is made with ink upon the prepuce, about two lines anterior to the base of the glans, and parallel to the corona: a long and strong needle, its point covered with a wax head, is then introduced between the glans and prepuce, and made to pierce the whole thickness of the latter, on the mesial line, and a little in front of the circular mark. The mucous membrane

and skin of the prepuce are thus fixed, and the needle is allowed to remain. Behind it, and in a longitudinal direction, a fenestrated forceps, with notched edges, is then firmly applied. The fenestræ of the instrument correspond to the circular mark and the glans; at this stage of the operation the latter is to be pushed backwards. The next step is to pass sutures, five or six in number, through the fenestræ; and when all the threads are applied, the prepuce is shaved off with a bistoury made to glide between the needle and forceps. The latter is then withdrawn carefully, so as not to disturb the ligatures. The assistant should be desired to press the forceps very tightly when the prepuce is being shaved off; if this be neglected, the prepuce will yield, and the sutures will be cut. When the forceps is removed, the arteries which are noticed to bleed, should be tied or subjected to torsion; the threads which pass above and below the glans are then divided in their centre, and the respective ends of each half resulting from this section are tied, to bring the mucous membrane in contact with the skin. Of course there will be twice as many sutures as there were threads passed.

*Treatment.*—We should, after this operation, enforce rest, low diet, aspersions of cold water, and camphorated pills; union by first intention rarely takes place completely. The submucous cellular tissue will generally be found infiltrated with serosity on the next day, but it is gradually re-absorbed. The sutures ought to be removed on the fourth day; they might, if left longer, lacerate the tissues. The parts are usually healed up by the tenth or fifteenth day, excepting in those cases where the union by first intention takes place as early as the fourth or fifth.—*Lancet*, Nov. 27, 1847.

*New Method of Reducing Hernia of Iris.*—This consists simply in cauterizing a spot, at a distance from the hernia, with nitrate of silver; it is based on the following data:—  
1. Hernia of the iris through the cornea does not become disorganized for some days. 2. The protruded iris, irritated by the contact of the tears or the air, or by the friction of the superior eyelid, or even the edges of the ulcerated cornea in which it is imprisoned, has a tendency to swell, and the irritation and swelling prevent mortification and arrest cicatrization. The progressive engagements of the iris is proved by observation; if a recent hernia be touched with an irritating body, it instantly acquires three times its original size; and if we watch the progress of cicatrization in the ulcer of the cornea, the hernia being unreduced, the pupil is found to diminish by degrees, and even to disappear. Adhesions are established between the iris and the cornea before the iris is disorganized; for a few days these are very weak and may be destroyed at once by augmenting the vascular action of the parts which furnish them, or by a new inflammation developing itself in another part of the eye. 4. The materials of adhesion are in the first instance furnished by the cornea; the cornea is in a morbid state at the point at which the healthy iris protrudes. 5. These materials are derived from the divided vessels of the ulcer, the origin or base of these vessels being at the circumference of the cornea. 6. By irritating the part in which the base of these vessels ramify, the secretion at the edges of the ulceration is augmented; in this way a fluid secretion may be induced around the hernia, which will destroy the imperfect adhesions, and give freedom to the iris in the ulcer, which latter is augmented in size by the secretion. 7. By putting the iris under the influence of belladonna before producing such an irritation mechanically, we obtain a power, placed behind the cornea, acting from before in a direction backwards, and capable of reducing the hernia.

After this beautiful chain of pathological reasoning, Desmarres states:—A portion of the iris having projected through an ulcer of the cornea, and instillations of belladonna