

distinguished by the frequency of the discharges, whereas, in the former affection the bowels are usually torpid, and by a proper acquaintance with the natural history of the disease. In tubercular meningitis the premonitory symptoms are such as indicate an affection of the brain; it occurs for the most part in delicate scrofulous children. Cholera infantum commences with looseness of the bowels. In tubercular meningitis, the cerebral symptoms predominate in the commencement. The child is restless and irritable, and complains of acute pain in the head, referring it chiefly to the forehead; the pain is intermittent, and is usually accompanied with a peculiar cry, which has been considered by Coindet and others as pathognomonic; the sleep is more or less disturbed, and frequent tossing about of the hands; the head is rolled from side to side, and there is more or less moaning and grinding of the teeth; delirium is almost a constant symptom, and the countenance assumes a peculiar characteristic appearance; this is so marked that the nurses at the children's hospital of Paris easily recognise the disease. It is only in the advanced stages that cholera infantum can be confounded with tubercular meningitis when the patient relapses into a state of drowsiness or stupor; which is a prominent symptom of the advanced stage of hydrocephalus, and is often accompanied or preceded by convulsions. Cholera infantum may be confounded with the typhoid fever of children. To this affection it bears a close resemblance; it may be distinguished from it, however, by the absence of gargouillement, of the numerous lenticular spots which in typhoid fever usually make their appearance from the sixth to the twelfth day, by the agitation and slight delirium at night; the prominence of the spleen, the character of the fever, which is more intense, and continued beyond the ninth day; and the existence of the sibilant râle, all of which were prominent although not constant symptoms in typhoid fever.

The resemblance between the two diseases is such that it is often impossible to distinguish them apart. Cholera infantum may also be confounded with softening of the stomach. The similarity between the symptoms of gelatinous softening of the stomach, as described by Jæger, and those of cholera infantum, appears indeed to be striking; the coincidence has been observed by Rillicet and Barthez, who do not describe the latter disease as a distinct affection occurring in Paris. The following are the signs of gelatinous softening of the stomach, as laid down by them in their invaluable work. If a child be taken suddenly with obstinate vomitings which persist, with insatiable thirst, with pain in the abdomen, with abundant diarrhoea; if at the same time it emaciates with rapidity, we may then infer a gelatinous softening of the stomach. —(Toin. i. p. 467, *Art. Gastrite et Ramollissement de l'Estomac.*)

Prognosis.—The prognosis in cholera infantum may be considered favourable when the pulse becomes slower, when the temperature is restored to the surface, when the vomiting ceases, and the alvine discharges become less frequent, and more natural; an opposite opinion may be formed when the pulse continues feeble; the surface remains cold; the discharges become very frequent, resembling the washings of meat, accompanied with great uneasiness and agitation, or a disposition to stupor; should there be rigidity and a partial loss of power of the extremities, the patient may be considered almost if not entirely beyond the reach of art. —*Amer. Jour. of Med. Science.*

Influenza in the 16th Century.—Of this now universally prevailing malady we have the following account in a letter from Randolph, the English Ambassador at the Court of Mary Queen of Scots, to Cecil (afterwards Lord Burghley), dated Edinburgh, November 30, 1562:—"May it please your Honour, immediately upon the Queen's arrival here she fell acquainted with a new disease, that is common in this town, called the 'New Acquaintance,' which passed also through her whole Court, neither sparing lord, lady, nor damsel, not so much as either French or English. It is a pain in their heads that have it, and a soreness in their stomachs, with a great cough; it remaineth with some longer, with others shorter time, as it findeth apt bodies for the nature of the disease. The Queen kept her bed six days. There was no appearance of danger, nor many that die of the disease, except some old folks. My Lord of Murray is now presently in it, and I am ashamed to say that I am free from it, seeing it seeketh acquaintance at all men's hands." The letter is printed at pp.

105—107 of the *Selections from Unpublished Manuscripts illustrating the Reign of Mary Queen of Scotland*, presented to the Maitland Club, in the year 1837, by the late Mr. Kirkman Finlay of Castle Toward. —*Caledonian Mercury.*

SURGERY.

Case of Strangulated Inguinal Hernia, reduced on the New Method recommended by Dr. Andrew Buchanan, Professor of Institutes of Medicine in the University of Glasgow. By ARCHIBALD WALLIS MACKIE, *Cupar-Fife*.—G. M., aged seventeen years, railway labourer, of a stout habit of body, and enjoying previous good health, whilst employed lifting some heavy railway sleepers on Friday last, felt something to give way at the lower part of his abdomen. The patient was unable to walk and was carried to a neighbouring house, where he remained till next day, when he was conveyed to his father's residence, a distance of 11 miles. I was called to visit him on Sunday morning, and on examination found a tumour the size of a hen's egg, situated in the right iliac region, the general characters of which led me to conclude that it was a case of strangulated oblique inguinal hernia. The patient had not had his bowels opened since the morning of the accident. I ordered him an enema, and after waiting till it was expelled, I applied the taxis, but unsuccessfully; I then had recourse to the usual remedies adopted in such cases, but without any effect. I bethought me of the plan recommended by the talented Professor of Physiology in the Glasgow University, and I was glad to see my efforts crowned with success. The mode is very simple. I placed the patient on his back, flexing the thighs on the pelvis, and putting the muscles of the abdomen in as relaxed a condition as possible. I then desired the patient to empty his lungs of as much air as possible, and having an assistant at hand, who immediately held his nose and mouth to prevent inspiration, I applied gentle pressure over the tumour, in the proper direction, and had the satisfaction to feel it give way, and, as it were, draw up into its natural cavity.

The rationale seems to me to be, when the lungs are emptied of air, the diaphragm is, as it were, sucked up to fill the diminished thoracic cavity; it (diaphragm) exerts a tractive power over the floating viscera of the abdomen, and draws the protruded intestine upwards—naturally assisting, if not altogether accomplishing the reduction of the hernia.

Such is the mode, I conceive, in which the reduction is accomplished; and I have no doubt that, in addition to the mechanical influence, the temporary suspension of the breathing must have a powerful sedative effect, and consequently a relaxing influence on any part morbidly constricted. Before operating, I would always give this plan a fair and impartial trial, and I am confident, if practitioners would adopt this method, they would have the satisfaction of relieving their patients, and thus, averting the dangers of a painful and often fatal operation. —*London Medical Times.*

Dr. Mayne on the Three Images of the Eye in Cataract, Amaurosis, &c.—A few years before his death, Sanson, the Clinical Professor of Surgery at La Pitié, made an interesting discovery, calculated to throw considerable light on the diagnosis of several diseases of the eye—viz., that on a lighted candle being placed in front of the healthy eye, three images of the flame were distinctly visible; whereas when opacity of the crystalline lens existed in ever so slight a degree, the intensity of the reflexion was diminished, or the number of the images reduced to two or one.

We were following Sanson's practice at the time that the phenomenon first attracted his attention, and well recollect the great sensation produced by his discovery. For some weeks every one connected with the hospital was continually making experiments, in order to ascertain the existence of the three images in the healthy eye, and to discover, if possible, the cause of the modification of the images in the diseased organ. It was generally supposed at that time that the phenomenon would prove of considerable value in the