

The jury retired for a short time to consider upon their verdict, and upon their return into court the foreman said they found a verdict for the plaintiffs.

By the JUDGE.—Do you find that the defendant was practising as an apothecary on the 1st of July.

The Foreman.—We find that the defendant was practising on the 1st of July, and that he was not acting as the assistant of his brother.

Mr. FOSTER (in the absence of Mr. Wavell) requested that the penalty of £20 might be paid after the rate of £1 per month. An order was, however, made for £2 per month.—*Hatifax Guardian*.

Correspondence.

STRANGULATED HERNIA, COMPLICATED WITH RETAINED TESTIS.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—The remarkable nature of the subjoined case of strangulated hernia within the inguinal canal, terminating fatally, and the dilemma in which an operator in a similar case might in future be placed, are circumstances creating, I believe, a sufficient interest to make the following facts worthy of record in your journal. Should you also be of the same opinion, I shall feel obliged by your giving the paper a place in an early number. I remain, Sir,

Very truly yours,

E. A. TURLEY, M.D.

Ivy House, Worcester, Feb. 3, 1851.

On the 1st of February, 1851, I was called at six A.M. to attend Mr. H—, of Worcester, a hale but rather spare man, aged 78. He was in bed, breathing hurriedly, with a pale anxious countenance and faltering voice, occasionally interrupted by hiccough. I observed by his side a vessel containing about a pint of thin fluid, resembling muddy coffee, which he said he frequently rejected since Wednesday (three days); and that since that day he had had no relief by the bowels. I inquired if he had a rupture. He said nothing had come down, but that he had had pain in the right groin ever since sneezing violently at noon on Wednesday. I found a small hardish tumour in the inguinal region, which gave him pain on pressure. Examining the scrotum, I discovered no testis on the right side; a fact, he told me, of which he had been always conscious. I then suspected he had congenital hernia, and erroneously supposed this strictured at the upper ring of the inguinal canal. I moderately attempted to rectify this supposed condition by gently forcing up the tumour. This produced great pain, and I desisted, and informed my patient that I believed an operation would afford him the only chance of recovery; and proposed a consultation. He stoutly refused to submit, and determined to meet his fate. Having informed his family of their father's condition, I gave him an opiate, and left him. In three hours time I found him worse; and he died fourteen hours after I first saw him. Mr.

Mearns assisted in the necroscopy sixteen hours afterwards. We made a dissection of the inguinal region, and found the inferior opening of the inguinal canal partially closed by a blighted or hypertrophied testis of the size and form of a plum stone, accompanied by an epididymis of disproportionate largeness. It lay just within the external ring, on a bed of cellular tissue enveloping the spermatic veins and the vas deferens, though this soon became indistinct in its ascent towards the os pubis. A pouch apparently of the size and form of a horse chesnut was attached to the upper part of the diminutive testis, containing a portion of the ileum strongly strictured by some fibres of the transversalis muscle, which seemed to have formed a tight band, surrounding the intestine within the inguinal canal,* the upper opening being sufficiently patent to have allowed the re-ascent of the protruded intestine. The strangulated portion of the gut appeared gangrenous.

Remarks.—The facts revealed on dissection would have rendered an operation nugatory; nor did the state of the patient on my first seeing him invite such a step. Earlier in the case an operation might have been successful, though much embarrassment would probably have occurred by so anomalous a condition of the parts. I am not acquainted with any exactly similar case on record, though the late Mr. Key's memoir is quoted from in Mr. South's excellent surgical work, volume 2, page 62, and a reference is also made in an adjoining paragraph on the same page, by Mr. South, to a congenital rupture in the inguinal canal, the preparation of which is in the pathological museum of St. Bartholomew's Theatre of Anatomy.

Whilst my pen is in hand I will relate another case of a testis retained in the inguinal canal, in a commercial traveller. Mr. L. applied to me in May, 1837, and exhibited a large inflamed tumour in the right inguinal region. It was exceedingly tender and painful, and excited frequent retching. It had existed, he said, two days; and here I also found the right hemisphere of the scrotum empty; this he had never noticed. He said he had been suffering from gonorrhoea about a fortnight, but that the discharge had ceased the day before the tumour had made its appearance. Leeches, the warm bath, and aperients, with a night opiate and entire rest, constituted the treatment, which lasted the usual time necessary for the cure of hernia humoralis. Some cases are recorded by Sir A. Cooper and others of retained testes performing their functions equally well in their pristine position; and the patient first named had been the father of a large family.

E. A. T.

Medical Intelligence.

THE FELLOWSHIP.

The following are correct copies of the questions submitted to the candidates who presented themselves for examination for this distinction, on Monday, the 7th instant:—

* See Sir A. Cooper's work on the testis, plate 5.

ANATOMY AND PHYSIOLOGY.

1. Describe the structure of the wrist-joint. State what tendons, vessels, and nerves cross the joint on the palmar aspect; describe their position and relative situations.
2. Describe the duodenum, specifying its situation, course, and relations; its component structures and the sources of its blood-vessels and nerves.
3. Describe the course and relative situation of the subclavian and axillary arteries on the right side; mention the branches given off by them; state by what parts the subclavian, external to the scalenus, is covered.
4. Enumerate the blood-vessels and nerves proceeding to the lower extremity, and describe their relative situations and connections at their exit from the pelvis.
5. Describe the vessels and nerves of the orbit, the sources whence they are derived, the apertures through which they enter the orbit, and their distribution.
6. Describe the position and relative situation of the viscera contained in the female pelvis, the peritoneal reflections and ligaments by which they are supported.

PATHOLOGY AND SURGERY.

1. Give the diagnosis of tumours of the female breast dependent on chronic inflammation, chronic mammary tumour, and scirrhus.
2. Explain the leading rules of practice in the treatment of traumatic gangrene, and gangrenæ senilis.
3. What are the consequences to be apprehended when retention of urine dependent on stricture in the urethra, is not relieved? Describe the treatment suited to its various stages, whether by the use of instruments or other means.
4. Describe the circumstances under which the application of the trephine may be required after an injury to the skull by violence.
5. What are the dangers which attend incised wounds of the throat? Describe the treatment of these wounds.
6. When the posterior tibial artery, where covered by the muscles of the calf, has been recently wounded, what treatment must you adopt? And if there were secondary hæmorrhage and the parts in a diseased state, what practice would you follow?

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on the 4th inst.:—Harris Carr Brackyn, Dublin; Henry Walter Bucknill, Rugby, Warwickshire; Thomas Hobbes Cresswell, Folkestone, Kent; William Davey Haye, Callington, Cornwall; George Jonathan Mitchinson, Carrington, Lincolnshire; Julius Grainger Russell, Dudley, Worcestershire; George William Sanderson, Canada; Henry Seale, Ulverston, Lancashire; Isaac Shortland Shillingford, Greenwich; Stephen John Frederick Stafford, Northfleet, Kent; Messrs. Edward Sullivan, Dublin; John Wise Tracy, Acacia Road, St. John's Wood; Edmund Sydney Wason, Colmonell, Ayrshire.

SOCIETY OF APOTHECARIES.

Gentlemen admitted members on Thursday, March 27th, 1851:—Geo. Dawson Armstrong, Cumberland; Henry Dun-alfe, Walsall; John Ewens, Axminster, Devon; William Pilkington, Leyland, Lancashire; Robert Vaile Skinner, Headcorn, Kent; Henry Benj. Wood, New Romney, Kent.

Gentlemen admitted members on the 3rd inst.:—Thomas Abbey Bottomley, Huddersfield; Aynott John James Chitty, Mere, Wilts; Thomas Fuller, Brighton; William Henry Gatty, Market Harboro'; Osborne Johnson, Beckington, Lincolnshire; Samuel Wall Jones, Ludlow, Salop; Henry Maund, Bromsgrove;

Edward Mercer, Uxbridge; Frederick John Money, Offham, Kent; William Morris, Petworth, Sussex; George William Nicholls, Darwen, Lancashire; John Daniel Ranson, St. Ives, Hunts; Frederick Moore Smith, Great Hadham, Herts; Francis Cornelius Webb, East Stonehouse, Devon.

BOOKS RECEIVED FOR REVIEW.

A Practical Treatise on the Diseases of the Urinary and Generative Organs (in both sexes). By Wm. Acton, late Surgeon to the Islington Dispensary, &c. Second Edition. London: J. Churchill, 1851. pp. 693.

Urinary Deposits; their Diagnosis, Pathology, and Therapeutical Indications. By Golding Bird, A.M., M.D., F.R.S., F.L.S., &c. &c. Third Edition. London: J. Churchill, 1831. pp. 328.

Pharmacopœia Collegii Regalis Medicorum, Londinensis: J. Churchill, 1851. pp. 196.

Translation of the Pharmacopœia Londinensis. By a Physician. London: H. Renshaw, 1851. pp. 226.

Phthisis and the Stethoscope. By Richard Payne-Cotton, M.D., Assistant Physician to the Hospital for Consumption and Diseases of the Chest. London: J. Churchill, 1851. pp. 97.

Dr. Warren's Address before the American Medical Association at Cincinnati. Boston, 1850. pp. 65.

An Essay explanatory of the Tempest Prognosticator. By George Merryweather, M.D. London: John Churchill, 1851. Pamphlet; pp. 63.

The Journal of Psychological Medicine. April, 1851.

Monthly Journal of Medical Science. April, 1851.

London Journal of Medicine. April, 1851.

The Medical Examiner. Philadelphia, Feb., 1851.

The American Journal of Dental Medicine. Jan., 1851.

Religion and Science. By a Physician. Pamphlet.

A Letter to the Right Honourable Lord Campbell, on the clause respecting Chloroform in the proposed Prevention of Offences Bill. By John Snow, M.D., Licentiate of the Royal College of Physicians, &c. London: J. Churchill. 1851. Pamphlet. pp. 16.

The London Journal of Medicine, March.

The Medical Examiner, November and December, 1850—January, 1851.

Monthly Journal of Medical Science, March.

The American Journal of Dental Science, July and October, 1850.

A Letter to the Right Honourable Sir George Grey, Bart., M.P., on Medical Registration and the present condition of the Medical Corporations. By Emeritus. London: William Tyler, Bolt Court. 1851. Pamphlet.

TO CORRESPONDENTS.

Communications have been received from Dr. Nelson, Mr. Deane, Mr. Harvey, Dr. Edwards, A Member of the Provincial Medical and Surgical Association, Dr. Little, Mr. Sleeman, Mr. Millar, and Dr. Norris.

It is requested that all letters and communications connected with the *Editorial department* be sent to J. H. Walsh, Esq., Foregate Street, Worcester. Parcels and books for review may be addressed to the care of Mr. Churchill, Princes Street, Soho. But all communications respecting the routine business of the Association should be forwarded to James P. Sheppard, Esq., the Secretary of the Association.

It is also particularly requested that all post-office orders should be sent either to the Treasurer or Secretary, who alone have the power of giving receipts.