am acquainted. Messrs. Reynolds and Branson have made some compressed tabloids, each containing forty grains, that is, sufficient to make a quart of solution. They have also been good enough to carry out my wishes in making a dressing of "salufer" wool.

In all the cases related this "salufer" wool has been the dressing employed, a layer of gauze wet with the "salufer" lotion covering the wound, and intervening between it and the wool.

TREATMENT OF CONGENITAL HERNIA.

By LEWIS W. MARSHALL, M.D.,
House-Surgeon, Children's Hospital, Nottingham.

MR. TIMOTHY HOLMES called attention, in an address on "Children's Hospitals as Medical Schools," which was published in the JOURNAL of October 30th, 1886, to the absence of statistics in relation to congenital hernia and its persistency. Acting upon his suggestion I kept a record in 1887 of all cases occurring amongst my hospital patients, and at the commencement of this year tabulated them as follows, namely:

No. Cases.	Cured.	Not Well.	No Reply.
41	20	12	9

(all boys)

Each of these forty-one cases was treated by the wool-truss suggested first by Mr. Coates,¹ of Salisbury, and more recently referred to by Mr. Lund. This method commends itself to us because it can so thoroughly be carried out by any mother of ordinary intelligence, and efficient means of support are obtained at a trivial cost.

In analysing the forty-one cases I find that in every instance one of two things was noted, and sometimes both—either a congenital phimosi existed, or an imperfect urethral opening, and sometimes both.

Having recognised for many years that hindrances of this kind were a common cause of hernia in male children, I had not quite realised how very frequently the two co-existed as cause and effect. That they occupy this position is shown by the speedy relief gained by removal of the conditions referred to, either by circumcision—freeing the prepuce from the glans penis by passing a probe round between them, and maintaining this separation, or when necessary by slitting up the urethra.

From the twelve cases entered as "not well," I learn that in all some one or more of these urinary conditions still existed. In one case pertussis was present; in another, obstinate constipation; and in several, malnutrition, with very deficient muscular development.

We may fairly assume, I think, that at least half of those cases in which no reply had been given were cured. In ten of the twelve cases still showing a hernia a phimosi had to be treated more energetically than had been done before, or the urethra was enlarged. Considerable objection is often raised to circumcision, and the simpler method of dilatation has therefore been adopted first in some cases. I am disposed to think that the importance of the size of the orifice of the urethra has been to some extent lost sight of, because cases have not uncommonly come into my hands in which circumcision, having been practised by another surgeon, the difficulty in passing water still remains, and is relieved at once by slitting the urethra. I regret that in the notes no mention has been made of the number of double herniæ, but my impression is that there were not more than half a dozen. All the children were under three years of age.

The practical outcome of this inquiry is that if the primary factor in the production of the hernia is duly recognised and dealt with, the pressure given by the wool-truss is ample to ensure closure of the canal when the nutrition is maintained. As a proof of the importance of this statement in reference to the nutrition may be quoted the fact that "breast" babies always do best. Nothing need be said by me about the best form of wool, etc., because Mr. Pye has so fully described all these details already, and the opinion expressed by him I can endorse.

¹ Vide paper by Mr. W. Pye, JOURNAL, May 28th, 1887.

MESSRS. MANSELL AND CO. have forwarded us mezzotint portraits which they are publishing of Sir Andrew Clark, Sir Joseph Lister, and Sir Spencer Wells. The plates, which are 11½ × 9 inches, are in brownish-black upon plate paper 27 × 20 inches. The trial proofs have been approved and signed in each case.

CLINICAL MEMORANDA.

EPILEPTIFORM SEIZURES CAUSED BY OXYURIDES VERMICULARES IN AN ADULT.

RECENT numbers of the JOURNAL (March 24th, p. 642, and March 31st, p. 700) have contained illustrations of the connection between intestinal irritation and convulsive attacks. The following case has features of its own which may entitle it to a brief description.

In December, 1885, I was first consulted by a man, aged 57, but of a much older as well as somewhat cachectic appearance. He complained that for fully a year he had been troubled by attacks, growing in frequency and severity, characterised by momentary disorders of vision (chiefly amblyopia); these were sometimes accompanied by an unpleasant odour issuing from the throat, and always followed by unconsciousness. The unconscious state was at first very brief, the man supporting himself by clutching his bench firmly. Latterly, however, he had on several occasions fallen down, and the body had presented convulsive manifestations, as witnessed by his family and others. He was never a week free from several attacks, Sunday being his worst day.

The family history exhibited no acknowledged neurotic taint. The patient claimed to have been always a healthy man prior to the onset of this affection. After I had very closely pressed him, however, as to details regarding his bodily state, he admitted with great hesitation—owing to the delicacy of the subject, he alleged—that he had long been troubled with threadworms, which caused him annoyance only by the itching they produced.

Assuming a possible cause in these vermin, I resolved to try the effect of treatment directed against them upon his other affection. The result was that, for six weeks afterwards, there was no convulsive attack, though a few of the *petit mal* seizures. The patient then became careless of treatment, with the effect of again inducing the graver phenomena. The same alternation between improvement and self-neglect has been the man's history since, with, on the whole, considerable gain during the past three months.

I may mention that at one stage I prescribed the bromides, but the man's broken down condition quickly increased, and one of the worst epileptoid seizures occurred during their administration, and they were soon withdrawn. By careful observance of dietetic, vermifuge, cathartic, and tonic treatment, the patient reduces his ailment to rare attacks of the minor form, but has never been able to get completely rid of them. Whether by more prolonged adherence to treatment he might effect cure, or whether that is too much to hope for, taking into account the difficulty of finally exterminating the parasites in persons well on in life, and also the morbid excitability of the cerebrum acquired by long subjection to special irritation, I cannot affect to say.

Perth.

JAMES FERGUSON, M.B., C.M.

TOXICOLOGICAL MEMORANDA.

CHEMICAL NOTES.

A Simple Test to Distinguish the Carbonates from the Bicarbonates of Potassium and Sodium.—A delicate and simple test for distinguishing a carbonate from a bicarbonate will be found in phenol-phthalein. Add a drop of phenol-phthalein solution to a carbonate, and it will be turned to a bright red, but with a bicarbonate there will be no change of colour. I have prepared test-papers which are very convenient; they will detect 1 part of K_2CO_3 in 1,000 parts of water. These papers may be obtained from Mottershead and Co., 7, Exchange Street, Manchester.

Colour Test for Strychnine.—There are many colour tests for strychnine, but I believe the chromate of zinc used in the same way as permanganate of potassium, deserves a place in our text-books, as it is superior to some. JOHN BROWN, L.R.C.P. Lond.

Bacup.

SURGICAL MEMORANDA.

FAILURE TO FIND THE COLON IN LUMBAR COLOTOMY.
IN Mr. H. Allingham's valuable remarks on the causes of failure to find the colon in lumbar colotomy, a considerable difference occurs in the tables of statistics quoted as to the presence or absence of a complete peritoneal investment or meso-colon on either side. I think there is one circumstance which has a very important bearing