Clinical Observations.

BY

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I.—ABDOMINAL HYDROCELE.

On the 3rd of June last, a child between four and five years of age, the son of a farmer in Berwickshire, was brought to me from the country a distance of about fifty miles, labouring under what seemed to be an incarcerated, if not strangulated, inguinal hernia. It appeared that a rupture-bandage had been worn between two and three years, but that the scrotal swelling suddenly enlarged, with great distension of the abdomen, so as to present a very alarming appearance; although, with the exception of some tendency to constipation, there were no corresponding symptoms of any consequence.

At my clinical lecture I introduced this child, with the intention of dividing the tendinous ring at the lower end of the inguinal canal, in order to prevent the risk of injurious pressure; but, after chloroform had been administered and the muscles were relaxed, I remarked that the abdominal swelling, though very large and tense, like a uterus at the full period of gestation, extending high above the umbilicus to a proportionate extent on each side of the cavity, still left a narrow space, in which the intestines seemed to possess their natural laxity. Upon this ground, coupled with the absence of symptoms denoting strangulation, I at once formed and expressed the opinion that the case was not hernia, but hydrocele.

Lest this view, however, should not be correct, instead of puncturing the scrotal swelling by means of a trocar, I made a small incision through various layers of thickened texture, which showed that the fluid was contained, not in the tunica vaginalis, but in an expansion of the cord; and I evacuated a large quantity of serous effusion. Then introducing my finger, I found that the state of matters was what had been suspected, although the abdominal part of the swelling remained unchanged. I accounted for this by attributing it to the effect of pressure by the bandage, and proposed after a while to puncture through the parietes of the abdomen. But, in the course of two or three days, the fluid began to drain away from the scrotal aperture, at first clear, and then slightly turbid with lymph; the child at the same time being slightly feverish, while the tumour gradually diminished. On the 24th of June he returned home, where, I learn from his medical attendant, he is now running about quite well.

Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL
SCHOOL.

BY

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GENTLEMEN,—The next series of data the diagnostic signification of which it is proposed to examine, are those relating to the variations and alterations in the performance of the function of Menstruation, and which constitute the

DISORDERS OF MENSTRUATION.

With the subject of menstruation, a very considerable portion of the pathology of the diseases of women is intimately connected. The decision with reference to the curative or other treatment to be recommended is in almost every case greatly influenced, modified, or even altered, by the nature of the data afforded by an examination into the condition of this most important function. Further, a very considerable portion of the disorders to which the female sex are obnoxious depend upon altered and morbid conditions of the generative organs; and in all of these the menstrual phenomena are subject to deviation from the healthy standard, and thus present us with a series of symptoms of great value in the determination of the nature of these various maladies. The variation in the quantity, periodicity, etc., of the menstrual secretion, usually spoken of as substantive diseases, and treated as such, constitute of themselves the great bulk of the cases brought under the notice of practitioners in this branch of the profession. Women themselves, and rightly too, attribute a great degree of importance to "irregularity", of whatever kind, experience having shown them how intimately dependent is their general health on the maintenance of the menstrual function in its healthy physiological state.

The due discrimination of the varying conditions which commonly pass under the name of "menstrual disorders" is one of the most important points to which those who are desirous of treating the diseases of women with success can direct their attention. In very many cases, these disorders are simply evidence of general indisposition; or, at all events, they are such as can only be successfully treated by general remedies, and to distinguish these from others in which the seat of the derangement is more entirely local, and which are only appropriately combated by measures of a more direct and local character, requires great care and judgment.

A few remarks concerning the

NORMAL PHYSIOLOGICAL PHENOMENA OF MENSTRUATION,

Will usefully precede a discussion of the deviations from the healthy standard so frequently met with.