Jobson informed me, that 'She was aware that I firmly believed in supernatural agency in respect to herself, and added, that I would have several signs before the end of the year,' which turned out to be perfectly correct.

"About the middle of August I had the first sign, which was as follows:—during sleep in the night-time, I was awakened by a very loud blow upon the floor at the side of my bed, which was twice repeated at intervals of seconds. These knocks were so loud, that I thought I heard the floor crash upon its receiving the second and third blows. I instantly sat up in bed, and at the same time said to my wife,—'Margaret, did you hear that?' when she replied, (though to my mind, she appeared to be awakened by me, and not by the knocks,) 'I thought I heard something thrown over the wall.' I now proceeded to examine the room, and found all things perfectly quiet, the rushlight half burnt down, and upon drawing back one of the window curtains, I found it was daybreak.

"A few days afterwards, I saw Mary Jobson, when she took the first word and said, 'You had a sign the other night,' mentioning the night, adding, 'You heard the three knocks in your bed-room: your wife heard, but the servants did not hear them: you were not alarmed.'"

The next sign was one of a similar description; the doctor's ghost, it would appear, lacks invention. Just as the doctor was offering up his midnight prayer, on the 9th of October, he heard "a violent blow upon the top of an East India leather chest," which for the convenience of the family had been left in the bed-room. I started to my feet, examined the rushlight, looked at my watch, and found that it was exactly four o'clock A.M."

The next miracle consisted "in the striking a violent blow, as if struck by a hand-whip, upon my bed-room door. The door rang from the blow, and I candidly acknowledge that I started with surprise, but I soon recovered my usual tranquillity, and passed a very agreeable night.

The fourth miracle was somewhat different, though not less wonderful.

"Not long after this sign took place, I was one morning, after breakfast, sitting in a musing state near the fire, every thing in the room being perfectly quiet, when I observed a large printed card to come down in a twirling manner from the mantel-piece, and fall at my feet. This card had been firmly placed among the legs of a pretty large figure of a horse in marble, and could not be displaced from its position by any common agency. I was fixed in my chair with astonishment. It is needful to remark, that in this card, Mary Jobson was greatly interested. I was told by her some time afterwards, the kind of agency which was in operation, but as I have forgotten the particulars, I never took occasion to make questions a second time upon this subject.

"These four signs occurred, as predicted by Mary Jobson, before the end of the year 1840."

Such, reader, are the miracles of Dr. Reid Clanny! What vapour can have bewildered the unhappy man's brain?

ST. PETER'S HOSPITAL, BRISTOL.

Practice of Mr. T. GREEN.

ACUTE INFLAMMATION OF THE EYE.

ABSCCESS OF THE CORNEA.

JOSEPH AYRES, æt. 52, was admitted into St. Peter's Hospital on February 25th, 1841. He has been suffering for some time from an ulcer in the leg. About a week ago his left eye became afflicted with active inflammation of the organ; he has been bled, and taken calomel and opium every second night, and had a blister applied to the neck, and vinum opii dropped into the eye. On examination, the conjunctiva is in a state of acute inflammation: this membrane is of a florid red colour, and much swollen; the cornea is in a state of nebulous opacity throughout, with numerous distinct red vessels traversing its lower half; there is a large ulcer on the right side, near its junction with the sclerotic; considerable sero-purulent discharge from the eye; vision very imperfect; complains of pain in the head and eye; pulse quick, small, and hard; tongue white. Mr. Green directed the temporal artery to be opened. Calomel, two grains; opium, one-half grain thrice a day; lead lotion, tepid, to be constantly applied.

27. Twelve ounces of blood were taken from the artery: the conjunctival inflammation is less; pain in the head and eye relieved. The cornea remains in the same state as to vascularity and opacity; the ulcer is unchanged. A blister to the back of the neck; continue pills and lotion.

March 1. General appearances of the eye the same; there is to-day a distinct abscess in the cornea near its lower edge, towards which numerous large vessels take their course. Eight leeches round the eye; continue the pills and lotion.

3. Inflammation of the conjunctiva is reduced; the vascularity of the cornea is also lessened. Blister to the neck; a pad wetted with lead lotion to be constantly applied; continue pills.

5. Symptoms the same; eight leeches round the eye.

7. His mouth and gums are affected; eye much better; the inflammation both of conjunctiva and cornea is lessened; chemosis entirely gone. Omit the pills; blue pill, three grains; opium one-half grain every second night; blister to the neck.

9. Vascularity of the conjunctiva reduced; the abscess in the cornea is gone, and its place occupied by a large deep ulcer; the opacity of the cornea is reduced, and the vessels are less numerous, but there is considerable vascularity in that part of the sclerotic lying near the ulcer in the cornea; vision less clouded, has diarrhœa; complains of cough. Blue pill, two grains; opium, one-half grain, at night; cough mixture.

11. Inflammation of conjunctiva is nearly gone; vascularity in the sclerotic remains; that of the cornea is less; there are now two ulcers in that membrane, to which a few distinct large vessels pass from the circumference of the cornea; the latter is still nebulous. Vision improved; diarrhœa checked; continue the pills at night; blister behind the ear.

16. Eye much improved; vascularity of all the external coats reduced; vision less clouded. The ulcers in the cornea are diminishing in size; bowels

regular. Blister behind the ear, and to be kept open with *unguent: resin:*; continue pills.

22. Ulcers have healed; cornea nearly of its natural appearance; all inflammation of the organ gone; vision much improved. Discharged April 22nd.

STRANGULATED FEMORAL HERNIA. REDUCTION WITHOUT DIVISION OF THE SAC.

Richard Durham, æt. 68, was admitted into hospital on April 6, 1841. He was in one of the medical wards of the hospital about three weeks ago, labouring under gastric fever, accompanied by continued vomiting, from which he recovered, and was discharged. He has had constipation of the bowels for the last two days, for which he has been taking purgative medicine without effect; has been sick during the day, and felt some slight pain about the abdomen; has had double hernia for some years.

Mr. Green having been sent for, saw him at 9 P.M. On examination, there was found an inguinal hernia on the right side, and a femoral hernia on the left; the former, which is small, can be reduced without the slightest difficulty. The tumor on the left side is about the size of a small hen's egg, is exceedingly tense, but free from all pain and tenderness; the skin is of a natural colour; the contents of the tumor cannot be returned. Complains of some pain about the abdomen, which is soft, and free from tenderness; felt sick, and vomited during the day; pulse natural. An enema was given in the evening, which brought away one hard evacuation. To have an enema of infus. of senna and oil of turpentine immediately. At 11 P.M. he remained precisely in the same condition as before. It was now found that the hernia could not be reduced, but that as yet no marked symptoms of strangulation have appeared; it was therefore determined to wait until morning, and watch the progress of the case. To repeat the enema.

April 7. 8 A.M.—Tumor of the same size and appearance; still irreducible; no pain upon pressure over the abdomen; has vomited during the night.

1 P.M.—The skin covering the tumor has changed colour since morning; it is now slightly red; he has vomited some feculent matter; complains of increased pain over the abdomen; countenance anxious.

The surgeons of the hospital having met in consultation, it was decided that the operation should be at once resorted to; it was immediately performed by Mr. Green.

The skin and superficial fascia having been divided, the adipose tissue lying beneath was cut through and turned aside, together with some small lymphatic glands; the fascia propria was then brought into view, and freely divided. The stricture was at the usual situation, at the crural arch; its lower edge was slightly cut by a few careful strokes of the knife, and an attempt made to return the hernia, without opening the peritoneal sac; a slight degree of steady pressure kept up for a short time was sufficient to accomplish this object; the gut was entirely returned into the abdomen, with the usual gurgling noise, leaving the peritoneal sac flaccid and empty. The wound was filled with lint, and a firm compress and bandage applied.

8 P.M.—He feels quite easy, passed two free evacuations; has had no return of vomiting; no pain upon pressure in any part of the abdomen. Is thirsty; wound rather painful. To have tea and barley-water freely.

April 8, 1 P.M.—Is free from all uneasiness; no pain or tenderness over any part of the abdomen; some soreness over the wound; bowels have not been opened since last visit; pulse 80. To take two table-spoonfuls of carb. and sulph. of magnesia mixture every three hours, until the bowels have been opened twice. To have tea and gruel.

8 P.M.—The bowels have been freely moved since morning; there is slight pain in the abdomen, above the seat of the hernia; no tenderness or vomiting; tongue clean; pulse 80.

9. Feels quite well, being free from pain and uneasiness of every kind; bowels open.

June 27. Has had no unfavourable symptom whatever since the last report; the bowels have acted regularly; and he has felt well in every respect. The wound granulated, contracted, and completely cicatrized under water-dressing. Discharged cured.

CHILDREN'S HOSPITAL, PARIS.

CASE I.—*Pneumonia—Peculiar contraction of the thumbs and feet—Softening of the central parts of the brain, with chronic meningitis.*

CHARLES LEMERLE, four years of age, was admitted into hospital on the 20th of July, 1836. He had been ailing for the last six months, coughed occasionally, and lost flesh.

21. The child vomited seven or eight times this morning; skin not very warm; pulse 120; respiration deep, 50; the pulmonary expansion is diminished on the right side, where the sound, on percussion, is dull; there is some souffle at the summit of this lung, with sub-crepitant râle behind; has passed four liquid stools. Gum draught. Two cupping-glasses on the right-side of the chest. Foot-bath.

22. The child lies very uneasily in bed, and emits constantly a short low moan; skin warm; pulse 126; respiration much oppressed, short, 50, arrested every four or five times; accomplished by the action of all the accessory muscles; cough frequent; passed two fluid stools: there have been no convulsive movements, but the hands and feet are the seat of a peculiar contraction. The muscles of the soles of the feet are firmly contracted, and give them a concave appearance. The hands are demi-flexed, from the knuckles downwards, the phalanges being straight and stiff, and the thumb bent on the palm of the hand.

Decoct. of mallows: white oxyde of antimony, twelve grains. Two cupping-glasses to the chest.

23. The child does not moan so frequently, and is less agitated; skin moderately warm, moist; pulse 112; respiration very deep, 36; cough not very frequent; one stool; the hands and feet are in the same state.

Continue remedies. Starch lavement.

25. Moans occasionally; skin not very warm; pulse 120; respiration 50, blowing strongly