Has for twenty-five years suffered severely from indigestion, for the relief of which he has consulted at different times upwards of thirty medical men, with little, if any, permanent relief. The leading symptoms were—vomiting after taking food, occasionally accompanied by the most intense pain in the epigastric and hypochondriac regions, which would sometimes last, without a moment's abatement, for forty-eight hours, and sometimes produce insensibility; for three months together the disorder has prevented his having one good night's rest. Attacks would occasionally come on whilst pursuing the chase, and oblige him to dismount, and roll upon the ground in the most intense agony. Pressure at these times seemed to relieve him; the pain would now and then give way as suddenly as it arose, in which case he would remount and pursue the exciting sport. For the last five years, from the recommendation of an acquaintance, he has taken carbonate of soda in large quantities, to the amount occasionally of a pound in a week; this was the only thing that appeared at all to relieve him. His appetite, during the above period, has generally been good—in fact, he could, at any time, have eaten with avidity immediately after vomiting, but refrained, as he was well aware his only comfort was an empty stomach; the excretions were scanty. For some months past, in addition to his "old complaint," he has had occasionally confusion about his head, giddiness, and loss of vision; when turning round suddenly, or looking up, he would stagger and nearly lose his equilibrium, and objects have appeared to wear a red or yellow color; these symptoms, however, were never so violent as to prevent his following his usual avocations; sensation and volition were always intact. For this affection of the head he has been bled twice or thrice, but nothing more has been done. Furthermore, for the last eighteen months he has suffered much inconvenience from a copious discharge of watery fluid from the anus, to the amount of some ounces per diem; the discharge is occasionally mixed with blood; he suffers no pain in the part excepting from injury.

Present State.—Complains of twitching all over him, especially when touched; if tapped gently on any part of the head, the limbs spring as if from an electric shock; has great confusion about the head, with wandering, but mind perfectly normal when aroused; describes accurately the history of his case, and wonders much what can be the cause of his present symptoms; has lost strength and flesh rapidly since Thursday last, on which day he was out hunting, and felt much as usual, but weaker; in now attempting to walk he feels giddy, and totters; has no pain or heat about his head, nor any aversion to light; pupils rather contracted; he throws up what he takes, but does not feel sick; no appetite; is thirsty as usual; bowels natural, and makes plenty of clear, pale-colored urine, which does not coagulate when heated; pulse feeble, soft, and quick; skin cool and dry. Upon examining the anus, an excrescence, the size of a walnut, presented itself; its surface uneven, dense, and unyielding in texture, covered by mucous membrane, and discharging copiously a watery fluid; the tumor was evidently of that kind described by Clarke as cauliflower excrescence.

The treatment consisted in the use of a spirit lotion

to the head, sinapisms to the feet, aperients, calomel, and morphine; depletion, under all the circumstances, was not deemed advisable. Although he continued to get worse, yet he retained his consciousness for the first forty-eight hours; he had, however, occasionally epileptic fits (and of this character, I consider, were the attacks spoken of in the history of his case); after this period he became comatose, having fits occasionally; and expired at four o'clock, a.m., on Thursday, ninety hours after my first visit.

Autopsy Forty-eight Hours after Death.

Head.—Vessels of dura mater and brain much distended with dark blood; no inflammation of cerebral membranes; serum beneath the arachnoid, and an ounce and a half in lateral ventricles; immediately anterior to the corpora quadrigemina, and above the foramen of Monro, was an hydatid sac, about the size of a small nutmeg; the sac had given way, and the contents had escaped into the ventricles; around this the brain was softened to the extent of an inch and a half; all the other parts of the brain were healthy.

Abdomen.—He has oblique inguinal hernia of right side, easily reducible. Upon opening the abdominal cavity the general appearance was healthy, but upon further examination the stomach was found double its usual size, and its coats thickened, but in other respects it was healthy; pyloric orifice natural; the duodenum at its first turn was firmly adherent for an inch to the head of the pancreas, which was much enlarged, and measured upwards of three and a half inches in a transverse diameter; when cut into it presented a light color, and was of a firm gristly texture; the appearance of the connection was that of puckering in, as when the nipple is drawn when the neighbouring mammary gland is scirrhous; the intestine was not diseased, though contracted by the above connection, so as to admit with difficulty the passage of a goose quill; small cicatrices were visible in the mucous coat of the intestine, above and below the strictured part; the rectum was healthy, as were all the other viscera.

May not the pathology of this case be, that first the pancreas became diseased, the intestine was next implicated, and the stomach thirdly deranged; the brain affection was probably brought on by reflected irritation and the directly exciting effects of pain?

Ledbury, Nov. 4, 1812.

ANOTHER MAN WITH THREE TESTICLES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Allow me to inquire, through the medium of your valuable Periodical, in reference to the notice of a man with three testicles, detailed in your last Number, whether or not any injury occurred during infancy to the right testicle, by which it might have been divided and the appearance of two testicles produced. I have a patient in every respect like the man mentioned by Dr. Macann; but the supernumerary testicle is situate on the opposite side. On the right side of the raphe there is a testicle of normal size; on the left are two bodies, or testicles, as they may be termed, nearly equal in size, but neither quite as large as the regular testicle. They are not in im-

mediate contact; one seems suspended above the other; both are smooth, tolerably oval, and to each a chord is attached.* The history of the case is this: whilst a very young child a nursemaid had, in play, crushed the testicle with a pair of tongs, and on recovery from the injury it was found that the testicle was divided, and has ever remained so since; gradually increasing in bulk with the growth of the person, who is an athletic man, the father of a fine family of children.

As you have added some observations to the case of Dr. Macann I have sent the above statement, thinking it may prove a solution to some others recorded as examples of supernumerary testicles.

I am, Gentlemen,

Your obedient servant,

JOHN PRANKERD, Surgeon.

Langport, Somerset, Nov. 8, 1842.

ON THE MORTALITY OF CHILDREN AT THE

MILITARY ASYLUM, SOUTHAMPTON.

By J. HENNEN, M.D.,

Late of the Royal Military Asylum, Southampton.

The following facts, abridged from official returns of the number and cause of deaths among the children of the late Royal Military Asylum, Southampton, are not without interest to those engaged in statistical inquiries, and with that view I forward them for insertion in the "Provincial Medical Journal."

The Royal Military Asylum was founded for the reception of the orphans of soldiers, and the branch at Southampton was opened in October, 1817, for the reception of the younger male children of the parent institution. In 1825, the boys were removed to head quarters, and the institution at Southampton was exclusively appropriated to girls and to boys under seven years of age. In 1835, the admissions were greatly restricted, with a view to the ultimate abolition of that branch of the asylum, and the few remaining children were ultimately removed to Chelsea in November, 1840.

For a period of eighteen years, from October, 1817, to October, 1835, there were admitted 5,427 children, and during that period there occurred in all 39 deaths—viz, from tuberculous disease, 14; measles, 11; hydrocephalus, 4; convulsions, 4; whooping cough, 3; fever, 2; diarrhoea, 1—Total, 39. A fraction more than one-third of the whole died of tuberculous disease, and one-half of these before the fifth year, the other half between the ninth and sixteenth—corroborating the opinion of Andral, who, from his extensive experience, remarks that tubercles are most prevalent from the first to the fifth year; that they appear in much greater quantities, and in a greater number of organs at once; and that more than one-fourth of those who die from birth to puberty are affected with tuberculous disease. As the tendency to this disease appears to be

* It is impossible to conceive how any injury to the testicle, after birth, could cause the development of a double spermatic chord. In the case related by Mr. Prankerd, the anomaly must have been congenital; but attention was not probably directed to the state of the organ until after the occurrence of the accident.—Eds.

the consequence of imperfect assimilation, there can be no doubt that we are possessed of the means of correcting this predisposition in many instances. Of this fact I have had abundant experience among the children of the Military Asylum. Few of the children, on joining this institution, were exempt on their admission from a tendency to tuberculous disease, which may reasonably be attributed to privations of different kinds, neglect, deficient nourishment, &c. &c. The great majority of the children on their admission, and many for a long period afterwards, exhibited a strong tendency to struma, evidenced particularly by a disposition to a congestive state of the abdominal contents, impaired powers of digestion, depraved secretions, dry, harsh skin, and a tendency to eruptions, and ophthalmia (especially denominated strumous); whilst under the ordinary circumstances of children of the same class, it has been calculated that five-sixths of those affected with tuberculous disease perish; it is a gratifying and a very important fact, that by placing children under circumstances the most favorable to health, as regards food, air, clothing, and exercise, the constitution becomes so improved as to overcome this predisposition, and, as we have seen, only fourteen cases of tuberculous disease proved fatal amongst 5,427 children of all ages.

London, November 10, 1842.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, NOVEMBER 19, 1842.

The poor-law commissioners have recently published, through the medium of their secretary, Mr. Chadwick, a very elaborate report on the sanitary condition of the laboring population of Great Britain. It might fairly be asked, *in limine*, how the direction of so difficult and complex an investigation was entrusted to a gentleman completely ignorant of the subject submitted to his inquiry; how a poor-law secretary—unacquainted with the most simple laws of the human economy, and possessing not a particle of that preliminary knowledge which is essentially necessary to every one commencing a special investigation—should take upon himself to examine facts and form conclusions connected with the public health. Such, however, has been the case; and as "her Majesty's principal Secretary of State for the Home Department" has thought fit to select Mr. Chadwick for the purpose of inquiring into the sanitary condition of the people, we shall endeavour, as loyal subjects, to regard the selection as a fitting one, and to pay all due deference to opinions which emanate from so high an authority.

Our ideas of fitness and the promptings of common sense are, indeed, wonderfully disturbed by the appearance of Mr. Chadwick as an authority on hygiene; and the necessity of noticing his report places us in the awkward position condemned by the proverb, of