calcareous coating. It was contained in a distinct cyst in the mesentery, and at least an inch distant from any portion of the intestines. This portion of mesentery, although in contact with the inferior surface of the liver, was not adherent to it; adhesions, however, existed between these two viscera in other parts. The stomach was healthy, but somewhat displaced by the enlarged liver; two spleens were found, both quite distinct from each other, placed nearly on the same plane, and of equally large size; the thoracic viscera were healthy.

ON THE TREATMENT OF HYDROCELE.

By JOHN PARSONS, Esq.,

Surgeon to the Eye Dispensary, Bridgwater.

The attention of the profession was some time since directed, through the medium of your pages, to the "treatment of hydrocele by iodine injection." Although I myself have had many opportunities of seeing this practice successfully carried out by my friend Mr. Egerton, then surgeon to the General Eye Infirmary at Calcutta, and can bear ample testimony to its superiority over every other mode of treating this disease when occurring in natives of India, I had it not in my power to test its efficacy in a European temperament until a few weeks ago, when a healthy young man, Robert Hook, aged twenty-one, six years the subject of hydrocele, and once during that period having been unsuccessfully treated by the "port wine" injection, applying to me, I considered it a fair case for a trial of the remedy. The following are the particulars:—

April 17, Eleven, a.m. Tapped the right tunica vaginalis, and drew off about six ounces of a clear straw-colored fluid; four drachms of a solution of tincture of iodine, in the proportion of two drachms of the tincture (the tincture being forty-eight grains to the one ounce) to six of water, were then injected, the canula withdrawn, and the whole of the fluid allowed to remain in the cavity.

18. For the first five or six hours experienced a good deal of pain, much more, he says, than on the former occasion when the wine was used; this subsided towards evening, and did not prevent his obtaining a tolerable night's rest; the part was very tender and swollen, the tunica vaginalis apparently containing a considerable quantity of lymph.

19 and 20. Has remained in bed; the pain and tenderness gradually subsiding without any other treatment.

22. Was down stairs; the swelling less, and no pain except on pressure.

23. Walked out in his garden without inconvenience.

27. Walked a distance of four miles to see me, and did not complain of any increased pain. The part being still swollen and rather tender, I advised his wearing a bag truss.

30. I met him on foot several miles from his own house; nearly all the swelling had subsided; there was no tenderness; he considered himself well, and intended in a few days to embark for the United States.

The radical cure of this case was effected in about

the same time as in those in which this practice was originally adopted with so much success by Mr. Martin, of the Bengal Presidency, to whose intelligence the profession are very justly indebted for this valuable remedy, the principal advantages of which over the other modes of treating this disease seem to be, that the inflammation arrives at its height in a much shorter period—that the swelling (probably from some specific action of the substance employed) is absorbed more rapidly, a cure being generally effected in from four to ten days, instead of from ten to twenty-five—that the operation is greatly simplified, and infiltration from the injection, being so small in quantity and retained, not likely to happen.

Bridgwater, May 3, 1843.

PROVINCIAL MEDICAL JOURNAL

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Among the many and interesting points to which the attention of those who advocate medical reform has been directed, there is, perhaps, not one of so much importance as that which relates to the admission of new members into the profession. It is not a little remarkable that whilst the restrictions are comparatively strong, as applied to the numerous and important class of general practitioners, that the qualifications necessary for procuring the title of "medicinæ doctor" are often most scanty and insufficient; in fact, the possession of the diploma of M.D. confers no proof of medical knowledge unless it be also known from whence the title has been procured. It is difficult, indeed, to form a correct estimate of the great amount of mischief which has resulted to the profession, and still more to the public, by the tolerance in this country of German and other foreign degrees in medicine, which, far from entitling its possessor to any feelings of respect, ought rather to subject him to suspicion. The same objection formerly applied to the Scotch universities, but, happily, now no longer does so; and the graduate from the North brings with him as strong an evidence of medical competency as can be gained by a residence amid the classic and honor-creating atmospheres of Oxford or Cambridge. Far otherwise is it with the possessor of the German diploma, who, without having any real qualification, and without passing through that curriculum of study which might entitle him to such, is, by the aid of an M.D. manufacturer, dubbed a doctor, and forthwith stalks abroad, clothed with the false honors he has purchased, to commit those fearful ravages amongst the lives of his fellow-creatures, which utter ignorance must render him capable of.

How many are at this moment engaged in actual practice in the several characters of general practitioner, surgeon, and physician, who possess no other