

of the exposure of the mucous membrane of the tympanum and membrana fenestræ, these structures become diseased to an extent which, together with the loss of membrane, produce extreme deafness. The middle ear cannot be exposed to the air for any length of time without such a result being produced.

There is some difficulty in judging of the influence of the membrana tympani on the hearing; but there can be no doubt that hearing is more acute when it is removed altogether than when it is thickened and diseased. Its importance has often been calculated from the amount of hearing regained, when the membrane has been punctured under the latter circumstances. This is evidently a fallacious estimate. As Kramer truly remarks, those with loss of membrane may obtain sufficient acuteness for ordinary conversational purposes; but it is by no means equal to the appreciation of the delicate pulsations of sound perceptible by the organ in a state of integrity.

Savile-row, Burlington-gardens, July, 1848.

ON THE PROPRIETY OF INDUCING PREMATURE LABOUR.

By CHARLES EVANS, Esq., M.R.C.S.E., &c., Winsters.

Mrs. S—, aged twenty-six, of short stature, was taken in labour of her first child in August, 1839, and after seven days of severe pain she was delivered of a still-born child with the instruments: her recovery was slow.

January, 1848.—Being pregnant for the second time, she requested my attendance. I proposed bringing on labour about the seventh month, to which she consented. On Feb. 3rd I called upon her, and having introduced my index-finger, and with some difficulty succeeded in slightly dilating the os and cervix uteri, I separated the membranes around the os. In a week from this date I saw her again. I repeated the same operation, perhaps more fully than before, and gave a dose of ergot of rye night and morning. Pains came on, and gradually increased until the evening of the 15th, when I ruptured the membranes, and she was safely delivered of a living male child. Both are now well.

The following instance, which has just come under my notice, may perhaps serve to show the propriety of adopting the above plan of treatment in cases where it can be ascertained that a difficult labour will be the result:—

Mrs. B—, aged forty-six; had been married twenty-seven years; in labour with her first child. The pains commenced on Saturday evening, Feb. 19th, 1848, and her medical attendant was summoned early the next morning. On arriving he found the uterus acting powerfully, but the os only slightly dilated. After several hours of severe suffering the head very gradually descended into the pelvis. On Tuesday morning I was requested to see her. I found the pains strong; the head presenting, but making little or no progress; the pelvis unusually small, and the sacrum projecting. We waited until midnight, and then not succeeding in the extraction of the head with the forceps, I used the perforator, reduced the head, and by degrees, with the assistance of the crotchet during a pain, the head made some advance. On Wednesday morning, the 23rd, the poor creature continued to suffer, and fearing exhaustion might terminate fatally, we were kindly assisted by a neighbouring practitioner; and after two hours of powerful traction, we succeeded in delivering the patient. The placenta was extracted in about three hours afterwards. As might be expected, her recovery was slow.

Winsters, March, 1848.

REPORT OF A STRANGULATED FEMORAL HERNIA SPONTANEOUSLY REDUCED BY THE INFLUENCE OF CHLOROFORM.

By JOHN DAVISON, Esq., M.R.C.S., &c., Alnwick.

MARGARET A—, aged forty-five years, of debilitated constitution, from previous disease in the chest, a widow, and the mother of three children, the youngest seven years old, became afflicted with femoral hernia, from violent coughing, about three years ago, and has been more or less troubled with it ever since. It could generally be returned into the cavity of the abdomen, without much inconvenience, until the evening of the 19th instant, when I was sent for, and found a hernial tumour, rather larger than the ordinary size, in the right side, which she said had been down several hours.

I immediately had recourse to the taxis, with purgative enemata, and the application of cold, which were regularly continued until the following evening without any change.

From her being the subject of disease in the lungs, with violent cough and purulent expectoration, which sooner or later must cause her death, I hesitated about operating, and had recourse to large doses of opium every two hours through the night, with the view of producing narcotism. The desired effect did not take place; for on the morning of the 21st I found she had not slept, and that all her symptoms were much aggravated. Her countenance was greatly altered; pulse exceedingly quick, with great pain in the abdomen, as well as in the tumour, and constant vomiting,—all tending to show that unless speedy relief were obtained, death would shortly be the consequence.

Considering her condition too weak to undergo the operation, I requested my respected friend, Mr. Dennis, to visit her with me, mentioning, at the same time, that I was of opinion the exhibition of chloroform would be of service in her case, as likely to produce all the good effects of opium, without its evil consequences. In this opinion Mr. Dennis agreed, and after our repeating the taxis in vain for a considerable time, a drachm was administered from a handkerchief, which in about four minutes produced its usual anæsthetic effect; and on the taxis being again attempted, a gurgling noise was perceived, followed by the speedy reduction of the hernia.

She was allowed to remain undisturbed in her calm sleep for a short time afterwards, when she was roused by dashing cold water on her face; and on being told that the tumour had disappeared, she expressed her astonishment and gratitude at being so easily relieved from her misery.

I consider that much benefit will in future be derived from the use of chloroform in strangulated hernia, particularly where the patient has been reduced to a state of the greatest debility from previous disease, and where it is thought that opium might produce a good effect; but where, as in the preceding, it altogether fails, or the lengthened time necessary for its operation might be hazardous to the patient.

Alnwick, April, 1848.

ON A CASE OF CONGENITAL MALFORMATION OF THE GENERATIVE ORGANS.

By W. DALTON, Esq., M.R.C.S., Cheltenham.

In March last, I was called upon to attend Mrs. —, aged thirty years, the mother of two children. I learned from her that on the birth of her first child she had a placental presentation, attended with profuse hæmorrhage. Nothing remarkable occurred at the second labour, and she gave birth to a well-formed male child, now living. On this, her third accouchement, she had a perfectly natural labour, and of short duration.

On the birth of the child, the mother anxiously inquired its sex, but on inspecting the generative organs, I was compelled to hesitate in giving an opinion; however, on seeing the male organ tolerably well developed in point of size, and not wishing to shock the feelings of the mother too suddenly, I pronounced it a boy.*

Having readily extracted the placenta, and satisfied myself that the uterus had firmly contracted, I applied the usual abdominal bandage. During the ablutions of the child, I made a more minute inspection of its general conformation, which I found perfect in all its external parts, excepting the generative organs, and which gave the following appearances: the penis measured from an inch and a quarter to an inch and a half in length; it lay partially buried in a sulcus or groove, formed between folds of loose integument, having the appearance of enlarged labia, but in structure resembling the scrotum. On elevating the penis, I found it flattened and accurately adapted to the fissure beneath it. The upper surface of this imperfectly formed organ was covered by the prepuce, which spread over the glans, and concealed and adhered to its corona. The upper surface of the glans was, with this exception, natural, but it had no orifice; from the under surface of the glans I traced a streak of mucous membrane, about a quarter of an inch in breadth, taking the usual course of the urethra, and terminating in an aperture beneath the arch of the pubis, the orifice of which readily admitted a No. 8 catheter. I passed one readily into the bladder, and drew off some urine. Beneath this meatus the scrotum was separated by a continuation of the sulcus through its whole extent, and giving these parts the appearance of enlarged labia,

* The parents attributed the defect to their vehement desire to have a girl.